

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Salt Lake County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention		Program Manager Holly Watson	
Form B - FY23 Amount Budgeted:	\$200,000	Form B - FY23 Projected clients Served:	539
Form B - Amount Budgeted in FY22 Area Plan	\$200,000	Form B - Projected Clients Served in FY22 Area Plan	612
Form B - Actual FY21 Expenditures Reported by Locals	\$217,876	Form B - Actual FY21 Clients Served as Reported by Locals	599
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
<p>The Salt Lake County Division of Behavioral Health Services (DBHS), acting as the local substance abuse authority in Salt Lake County, has contracted with Assessment & Referral Services (ARS) at the University of Utah's Department of Psychiatry and the Huntsman Mental Health Institute (HMHI), since 2003, to provide comprehensive screening and assessment for individuals who have been convicted of Driving Under the Influence of Alcohol/Drugs or Impaired Driving.</p> <p>This contractual relationship came into being as a means to meet the legal requirements under the minimum mandatory sentencing guidelines for DUI offenders in the State of Utah as well as meet the needs of the courts and offenders alike. Subsidized dollars are provided to ARS in order to ensure that every DUI offender in Salt Lake County has financial access to screening and assessment after conviction via a sliding fee scale based on an individual's total income. If individuals are without income, homeless or virtually homeless they are provided with this service at no cost to them. ARS provides assessments only, they do not provide any education or treatment services, thus they are able to provide objective assessments eliminating any conflict of interest to the individual related to referrals for education or treatment. ARS screens for an offender's ability to pay for education and treatment services and refers to resources (such as applying for Medicaid) to ensure that finances are not a barrier to completing referrals. If an offender has health insurance or the ability to self-pay for services, they are referred to an agency that accepts their insurance or can provide appropriate treatment services that are affordable. ARS has also been given authority to grant Salt Lake County subsidies to individuals who do not have the means to pay for treatment services, do not qualify for Medicaid, have</p>			

little to no income and no health insurance. Thus, finances, or the lack thereof, do not present a barrier for compliance with the court-ordered assessment or ARS recommendations related to their DUI conviction.

DUI offenders are provided a screening via the SASSI-4, and a full assessment is conducted which employs screening and assessment tools approved by the Salt Lake County Division of Behavioral Health Services and that are evidence-based tools. They include, but are not limited to a full biopsychosocial interview, The SASSI-4, The Risk & Needs Triage, information from the Bureau of Criminal Investigation, The Colombia-Suicide Severity Rating Scale, GAD-7, PHQ-9, LS/CMI information (obtained from collateral source if individuals have been placed on supervised probation), collateral information from a multitude of sources when required, The Diagnostic & Statistical Manual of Mental Health Disorders, Fifth Edition and the American Society of Addiction Medicine Placement Criteria.

If individuals do not meet the criteria for a substance use disorder they are referred to Prime for Life, the minimum mandatory requirement for DUI offenders. ARS refers out only to providers certified to administer Prime for Life and those listed on the Department of Human Services website.

If an offender meets criteria for a substance use disorder requiring treatment, they are referred out to an agency that is licensed by the State to provide substance use disorder treatment. The same financial basis indicated above related to screening is also used for referrals to treatment. All financial means (individual health insurance, self-pay, Medicaid etc.) options are exhausted first. If an individual is not eligible for any of those resources, Salt Lake County funding is authorized and individuals are referred to an agency contracted with the Salt Lake County Division of Behavioral Health Services which provides treatment service levels that include general outpatient treatment (1-8 hours of service weekly), intensive outpatient treatment (typically 9 hours of treatment services weekly), day treatment (typically 20 hours of services weekly), low/medium and high intensity residential treatment services (hours vary) and access to social detoxification programs.

ARS estimates that approximately 30% of DUI offenders do not meet the criteria for a substance use disorder, thus are referred to Prime for Life while approximately 70% of individuals meet diagnostic criteria for one or more substance use disorders and are referred to treatment.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

Please see the EBP references in Section 10: Quality & Access Improvements

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

School based providers collaborate with the administration at local schools to support efforts to screen youth and their families for needed services. They also serve on school committees to share their expertise and offer support with community initiatives to meet the needs of students and the areas in which they live. Clinicians are onsite at school and in homes and can provide brief motivational interventions when needed.

USARA Peer Recovery Coaches (PRC), aka Certified Peer Support Specialists, provide on-call support to visit patients seeking medical care in hospitals, emergency departments, healthcare clinics, and social detox, when they present with opioid and substance use related symptoms. The PRC engages the

individual where they are in their Stage of Change and uses motivational interviewing techniques to engage the person, offering information and resources to assist with immediate needs (i.e. Naloxone kits, resources related to SDOH, treatment resources, [harm reduction](#), etc.). [The PRC, with consent from the client, provides follow up contact with them post discharge for continued intervention and support for as long as the person chooses to remain engaged.](#)

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

Optum Salt Lake County mental health providers have been trained on how to screen individuals for nicotine, substance use and other addictive behaviors as part of the initial and on-going assessment processes. [Tobacco use disorders are highly correlated with individuals requiring substance use treatment.](#) A list of covered providers to further assess for SUD has been distributed. Medicaid and Unfunded individuals are able to be screened.

Our indicated clients are often referred by counselors/therapists or from other programs inside the providing agency itself. Providing agencies partner with school therapists/school counseling centers and with juvenile justice service providers to refer youth in need. For efforts outside the school setting, providers use social media advertising and community partners to disseminate information about the program- relying heavily on strong partnerships with other community based agencies to share program information to families. Agencies also advertise through outreach efforts at in-person outreach events such as parent teacher conferences and health and safety fairs in local municipalities.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Efforts to assist the uninsured population occur through a coordinated and concerted effort to enroll in Medicaid, CHIP, Marketplace Plans and Medicare.

Long before the expansions of Medicaid, DBHS began funding Department of Workforce Services (DWS) Medicaid eligibility specialists, drawing down federal dollars as a match to assist DBHS' network of providers with enrollment into Medicaid. This effort includes one FTE roaming between the jail, the provider network, and multiple Third District Court [locations.](#) [During the pandemic, this assistance became remote.](#) [DWS awaits notification from Criminal Justice Services as to when the court will allow stakeholders to return to the courtroom setting.](#) Additional DWS assistance is housed in one of the network's largest providers, Valley Behavioral Health (VBH).

Education, training and connections to Take Care Utah were made to the provider network beginning in 2014, as Marketplace Plans became an option to households earning more than 100% FPL. DBHS leadership also approached judges in the Third District Court to gain their permission to provide enrollment space and internet access to Take Care Utah staff to assist with enrollment into Medicaid, Marketplace Plans and Medicare. The court was not amenable to this option at that time, but in 2017, with the advent of Targeted Adult Medicaid (TAM), embraced the idea. DBHS also approached the jail in considering a partnership with Take Care Utah during these early years. It was embraced in later years as you will see below. Multiple meetings were held with Take Care Utah sharing with them the touchpoints both within the DBHS network and the criminal justice system, to expand enrollment efforts. Throughout the years, more than 250 presentations were made [by DBHS](#) explaining the importance of expanding Medicaid, options through the Marketplace, and highlighted Take Care Utah and DWS Medicaid eligibility specialists (utilizing federal matching dollars), including presentations to UBHC, UAC, NACO and NACBHDD to promote enrollment throughout Utah and other states.

Numerous specialty enrollment efforts were initiated as TAM opened in November of 2017. This includes but is not limited to collaborations with DWS and Take Care Utah to enroll in Drug Court and Mental Health Court settings; the expanded jail medication-assisted treatment (MAT) program; the Corrections Addiction Treatment Services (CATS) program; Legal Defender Association's (LDA) Office; and Criminal Justice Services (CJS). [Some of this assistance became remote later on during the pandemic.](#)

Training was also held [at DBHS](#) with Adult Probation and Parole (AP&P) to assist them in their enrollment efforts (both upon release from prison and also in halfway houses), along with introductions to Take Care Utah, which later led to partnerships there.

In addition to specialty enrollment efforts put in place during the TAM expansion, two large eligibility and enrollment trainings were held [by DBHS](#) at the County Government Center to assist case managers within the county network of providers. Approximately 213 individuals from 20 organizations across the county registered or walked into these training sessions. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. Providers such as VOA eventually partnered directly with Take Care Utah (efforts expanded greatly once social detox became a Medicaid benefit).

While some of these efforts originate in adult populations, they often extend to household members (including children) as individuals begin the enrollment assistance process and request assistance for additional household members (for example, while attending an intake at Criminal Justice Services). Research has shown that Medicaid Expansion states have increased Medicaid enrollment for children. It is believed that as adults become aware of their eligibility, they pursue Medicaid enrollment assistance for children in the household as well. More specific enrollment assistance efforts for children and youth can be found in parts of the Area Plan where this is requested.

Additional presentations were made to the provider network as the state expanded to 100% FPL in April of 2019, and again as the state fully expanded to 138% FPL on January 1, 2020, to encourage and support enrollment in these new households.

DBHS has been planning for these enrollment touchpoints and educating providers since 2014 (the year Medicaid Expansion became an option for states), and saw the provider system respond quickly and nimbly with each new expansion.

Additionally, in 2020 outreach was made to Take Care Utah to advise them of legislative changes that would enable them to submit applications prior to release from jail (due to Utah becoming a suspension, rather than a termination state).

Enrollment assistance planning was also provided to other local authorities when they requested it.

To address COVID-19 responses and to reduce the spread of infection, DBHS worked with the State Medicaid Office to distribute PDF fillable forms for the TAM referral process, allowing the use of electronic signatures for those telecommuting [later sharing these statewide with Local Authority (LA) directors].

Although some components of these enrollment efforts were curtailed due to COVID-19, such as in-court enrollment assistance, stakeholders will be working to resume them as soon as restrictions allow. [For example, Criminal Justice Services Drug Court personnel stated they will notify us when stakeholders are allowed to return to court for this purpose.](#) Providers were also immediately notified when the new administration opened up a new special enrollment period, and expanded eligibility to

new populations, such as those who have received unemployment or those above 400% FPL.

In addition, in 2019, DBHS began working with the State Medicaid Office, the four Accountable Care Organizations (ACOs), and the Local Authorities from Weber, Davis, Utah and Washington Counties to support an integrated benefit for the Adult Medicaid Expansion Population. Numerous meetings were held with these stakeholders, and later with the Salt Lake County Provider Network. Through these meetings, the ACOs agreed to contract with the Salt Lake County essential provider network. As the integration effort neared implementation on January 1, 2020, we engaged our provider network with the ACOs to facilitate agreement on many of the needed next steps: guidelines for utilization management; billing requirements; and coordination of county funded services not covered by Medicaid. Since implementation, DBHS has worked diligently to support resolution of concerns identified by the provider network as they arise, and look forward to a successful integrated benefit. DBHS recognizes that an integrated physical and behavioral health benefit is in the best interest of the residents we serve.

Barriers to maintaining coverage:

One of the challenges to maintaining coverage can be seen as individuals transition between the various forms of Medicaid (due to the expansion of Medicaid). Real life examples include:

- Changes income (getting or losing a job)
- Changes in household size (gaining or losing custody of a child, marriage, divorce, etc.)
- Pregnant women giving birth, etc.

Fortunately, these challenges are often born by providers, and they have proven nimble to assist clients in maintaining coverage and switching payment streams on the backend, hopefully in a seamless way that is not stressful to clients.

Due to the Public Health Emergency (PHE), individuals may not be removed from Medicaid unless they move out of state, request to be removed, or pass away. Due to this temporary status, although individuals may be sorted into different Medicaid plans as appropriate, they are not removed. Once the PHE ends, providers will need to be proactive in assisting any clients that may have neglected responding to Medicaid reviews, etc., to ensure the client remains on Medicaid, or is assisted in signing up for a Marketplace plan if their income exceeds Medicaid limits.

The PHE was recently extended to July 15th, 2022, and is likely the last extension. If that is the case, DWS will begin removing clients no longer eligible in August, likely no faster than 1/9 of the population per month. DBHS has been alerting their provider network for some time that this will be the case and encouraging programs to evaluate which clients may have missed reviews, forgotten to update their address, etc., to proactively prevent a client's removal for these reasons. Additional training will be held during the monthly provider network meetings. DWS and the State Medicaid Office state they will be working to transition clients no longer eligible into other Medicaid options or Marketplace Plans as able.

Describe activities to reduce overdose.

1. **educate staff to identify overdose and to administer Naloxone;**
2. **maintain Naloxone in facilities,**
3. **Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

Opioid overdose prevention continues to be a key facet of all treatment programming supported by DBHS. The division has worked closely within the contracted provider network over the last few years to fund and distribute thousands of Narcan (Naloxone) nasal kits to agencies and programs that serve at-risk clients, their friends, family members and their significant others when financially viable.

Beginning with the global pandemic, finances became a concern based on the economic uncertainty experienced. The support of Naloxone within programs continued in FY21 and FY22, but rather than directly funding and distributing kits to agencies and programs, DBHS worked with DSAMH and the Utah Department of Health to provide access to Naloxone and associated educational resources. A small number of kits (85) were distributed by DBHS to specialty programs (USARA, Intensive Supervision Probation, and the Forensic ACT (FACT) Team) across FY21 and FY22. DBHS will continue to educate providers on access to kits and training through these channels. All contracted providers are required to adhere to DSAMH Division Directives on identifying overdose and risk factors, administering Naloxone, maintaining and distributing kits to individuals, friends, family and significant others, and providing training to clients and staff. Adherence to these directives is part of the agency site monitoring performed by DBHS.

Historically, kits have been provided to all contracted SUD providers within the County network (including the HMHI's Assessment and Referral Services), to various programs within the Salt Lake County Sheriff's Office, to the Utah Support Advocates for Recovery Awareness (USARA), and various Salt Lake County agencies (Behavioral Health, Health Department and Criminal Justice Services). Finally, within DBHS, all staff are trained annually on the signs of overdose, use of Naloxone, and the office policy on storage, ordering and administering of Naloxone.

Describe any significant programmatic changes from the previous year.

No significant changes

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Holly Watson

Form B - FY23 Amount Budgeted:	\$2,016,162	Form B - FY23 Projected clients Served:	1,878
Form B - Amount Budgeted in FY22 Area Plan	\$1,816,785	Form B - Projected Clients Served in FY22 Area Plan	2,284
Form B - Actual FY21 Expenditures Reported by Locals	\$1,425,752	Form B - Actual FY21 Clients Serviced as Reported by Locals	1,977

Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBHS contracts to provide social detoxification services for youth and adults, including women and mothers with dependent children, in multiple sites within the county. These sites are:

Volunteers of America Men's Adult Detoxification Center: This social model residential detoxification and withdrawal management program provides 83 beds for men 18 and older in need of detoxification & withdrawal management services. This program provides a safe and trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at this facility for up to 14 days (this has been extended to 30 days due to the pandemic). While in residence, clients can receive access to medication-assisted treatment (MAT) through our community partnerships which is a critical service we

provide. They will also be provided 3 meals per day and snacks, case management and peer support services. Qualifying clients who are interested in treatment for substance use disorders can often transfer directly to treatment and/or receive a full ASAM-driven biopsychosocial assessment and referral to an appropriate treatment program.

Throughout the stay, clients will have access to case management services. These services include linking clients to essential behavioral health treatment, enrollment in Medicaid, referral to primary care, assistance with legal issues, and connection to peer support and community recovery meetings. This facility is located at 252 W. Brooklyn Ave. Salt Lake City, UT, 84101.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. This program provides a safe and trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at this facility for up to 14 days (this has been extended to 30 days due to the pandemic). In addition, women may bring their children age 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. While in residence, clients can receive access to medication-assisted treatment (MAT) through our community partnerships which is a critical service we provide. They will also be provided 3 meals per day and snacks, case management and peer support services. Qualifying clients who are interested in treatment for substance use disorders can often transfer directly to treatment and/or receive a full ASAM-driven biopsychosocial assessment and referral to an appropriate treatment program.

Throughout the stay, clients will have access to case management services. These services include linking clients to essential behavioral health treatment, enrollment in Medicaid, referral to primary care, assistance with legal issues, and connection to peer support and community recovery meetings. In addition, clients have access to a lovely outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.

DBHS provides access to dedicated law enforcement jail diversion detox beds at both VOA facilities.

Salt Lake County's Division of Youth Services (DYS) program located in South Salt Lake provides detoxification services on an "as needed" basis for adolescents.

White Tree Medical was added as an Optum provider during FY22. Their speciality is outpatient medical detoxification. They ensure people understand, both clients and providers, that they do not offer any treatment beyond this. They do have a small staff of clinicians whose main focus is to assess the clients and provide case management services. They also emphasize that formal SUD treatment is not a requisite for the outpatient medical detox. While they do encourage a person to seek treatment through an ASAM-based assessment, there is a certain population that are currently only ready to be detoxified from whichever substance(s) they are misusing and so White Tree Medical's mission is to give clients an avenue to do this without the requisite of treatment. They are located on the south end of the Salt Lake valley, but are very accustomed to providing services via telehealth, also.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant change in count as compared to FY21 actuals but the dollar amount increased significantly due to the shift of Medicaid from a DOH pilot to the various Medicaid plans. This change only reflects the anticipated Legacy Medicaid portion that is managed by the County.

Describe any significant programmatic changes from the previous year.

No significant change as compared to FY21 actuals.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

N/A

3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$8,769,984	Form B - FY23 Projected clients Served:	944
Form B - Amount Budgeted in FY22 Area Plan	\$8,037,914	Form B - Projected Clients Served in FY22 Area Plan	1,230
Form B - Actual FY21 Expenditures Reported by Locals	\$7,703,882	Form B - Actual FY21 Clients Serviced as Reported by Locals	976
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).			
<p>DBHS and Optum currently contract with four residential treatment providers for ASAM 3.1, 3.3, and/or 3.5 services. A process of pre-authorization and utilization review is in place in order to utilize residential services appropriately. The following agencies perform this pre-authorization function:</p> <ul style="list-style-type: none"> • Optum for Medicaid clients; • ARS for Drug Offender Reform Act (DORA), ISP (Intensive Supervision Probation), Family Recovery Court, and juvenile drug court clients; and • DBHS for all other adults and youth. <p>Contracted Providers and the associated ASAM level of care (LOC) they provide:</p> <p>First Step House – Men only 3.1, 3.3, 3.5</p> <p>House of Hope – Women; Children with Parents 3.1, 3.3, 3.5</p> <p>Odyssey House – Adult, Youth, and Children with Parents 3.1 and 3.5; Adult, Children with Parents 3.3</p> <p>Valley Behavioral Health – Adult 3.5 and 3.1; Children with Parents 3.5</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant change in count as compared to FY21 actuals but the dollar amount increased significantly due to a substantial provider rate increase.			
Describe any significant programmatic changes from the previous year.			
DBHS has begun contracting with the HMHI Assessment and Referral Services to conduct Family Recovery Court (FRC) assessments (in addition to community providers), authorizations and to act as a liaison between FRC and the DBHS network of providers.			

4) Opioid Treatment Program (OTP-Methadone)

VaRonica Little

Form B - FY23 Amount Budgeted:	\$489,534	Form B - FY23 Projected clients Served:	250
Form B - Amount Budgeted in FY22 Area Plan	\$1,275,963	Form B - Projected Clients Served in FY22 Area Plan	763
Form B - Actual FY21 Expenditures Reported by Locals	\$1,501,735	Form B - Actual FY21 Clients Serviced as Reported by Locals	902

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

For individuals who are not eligible for Medicaid, DBHS contracts with [two providers](#), Project Reality and De Novo, to deliver this service.

Project Reality has two locations in Salt Lake County, one in their historical location of SLC and a second office in Murray. Project Reality provides ASAM 1.0 LOC services [and collaborates with other providers for patients who need a higher LOC](#). This can include medication management, individual therapy, group therapy, [integrated medical/SUD/MH services](#), and case management. Additionally, Project Reality does provide daily off-site dosing at the VOA/CCC Detox and other providers as needed. [In addition to the 1.0 LOC services listed above, Project Reality also provides primary care and mental health services, including office-based buprenorphine treatment, for community members. These additional services have been added as part of the expanded integrated care services at their clinic in order to serve a larger population of county residents and bridge the gap in care that many people in underserved populations face. Expanded primary care services are facilitated by a family medicine physician and physician assistants. Some of these services include, but are not limited to: chronic disease diagnosis and management, including hepatitis C, diabetes, and hypertension, acute care visits, women's health, smoking cessation, and infectious disease screening and management, etc.](#)

[Through the competitive RFA process, De Novo has been added as a DBHS provider for FY23. De Novo Services has been in business for ten years. They are an outpatient program \(ASAM Level 1.0\). De Novo has the ability to provide up to one individual session and four groups a week for individuals in treatment. They treat all substance use and the co-occurring psychiatric disorders of depression and anxiety. They provide master's level therapy as needed as well as counseling from Substance Use Disorder Counselors. They also have physician assistants who are highly qualified to treat addictions and prescribe medication for the treatment of anxiety and depression. They regularly work with the Legal Defender's Association to work with individuals they refer who are coming out of the local jails. De Novo specializes in medication-assisted treatment, including Campral and naltrexone/Vivitrol for alcohol use disorders, methadone, buprenorphine/Suboxone and Vivitrol for opioid use disorders and Chantix and nicotine patches for assistance in smoking cessation. De Novo operates on a harm reduction philosophy unless an individual is referred by an agency with a no-tolerance policy, such as the criminal justice system. This means they will work with individuals who may be at the action stage for their alcohol use but in precontemplation for methamphetamine or cocaine use.](#)

Also see section 11, which includes information on methadone services provided through STR/SOR funding.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

The comparison to FY21 actuals shows a significant decrease, which is primarily due to this Area Plan only reflecting the first quarter of the FY23 SSOR expense. We have only been asked to show how we will utilize the last quarter Jul-Sep of the Federal FY22 of the SSOR funding. Project Reality also received less non-Medicaid funding in the recent County RFA than in SFY22.

Describe any significant programmatic changes from the previous year.

No significant changes

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Form B - FY23 Amount Budgeted:	\$1,707,536	Form B - FY23 Projected clients Served:	815
Form B - Amount Budgeted in FY22 Area Plan	\$858,817	Form B - Projected Clients Served in FY22 Area Plan	372
Form B - Actual FY21 Expenditures Reported by Locals	\$1,126,743	Form B - Actual FY21 Clients Serviced as Reported by Locals	566

Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.

DBHS continues to provide access to Vivitrol for clients actively engaged in SUD treatment, as well as to those working towards treatment engagement. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections to provide medical care and Vivitrol injections to participating clients. Referrals can come from any DBHS network provider, through CATS in the Jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, through community health centers, or through Intensive Supervision Probation. Those who attend regular case management appointments and remain engaged in treatment, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to receive monthly Vivitrol treatment at no additional charge to the client.

In addition, SOR dollars have allowed an expansion of MAT services in the jail. Qualifying program participants with opioid or [alcohol use disorders](#) have access to MAT, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications include Methadone, Buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants have an [opioid or alcohol use disorder](#), and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines [are constantly reviewed and considered in an effort](#) to cover additional populations with DBHS approval and as budgets allow. [In FY22, the program was granted temporary approval to provide psychosocial assessment and therapy absent medication, and at times medication absent therapy based on the](#)

ongoing struggle in maintaining licensed medical and behavioral health staff. Individuals with longer sentences or sentenced to prison are reviewed for taper of their medication.

Additionally, program participants identified as having an OUD shall be given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies last. Once supplies are exhausted, information and education regarding the use of the Naloxone rescue kit will be given, including where the client can obtain the kit.

DBHS has contracted with Clinical Consultants to further expand the availability of Buprenorphine and Naltrexone and other office-based MAT services to county residents eligible for federal SSOR funding. DBHS has made consistent efforts to coordinate with the SSOR OTPs to transfer over any clients who are eligible to utilize SSOR funds.

Please also see 4) Opioid Treatment Program (OTP-Methadone) for details regarding De Novo Services, who will begin providing these services in FY23.

Optum is in the process of adding Discovery House to our Medicaid network to provide non-methadone MAT services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The significant increase reflects the assumption that the Sheriff's in jail MAT program will be fully staffed in SFY23. They recently increased salaries, which we hope will solve their hiring challenges.

Describe any significant programmatic changes from the previous year.

DBHS/Optum have collaborated on a PIP which is focused on increasing the use of MAT to treat OUD. Training for Peer Recovery Coaches (PRC) will be offered to provide information and tools related to MAT facts, benefits and motivational techniques. In addition, mid-year coaching will be provided to offer support to PRC and to problem-solve barriers to incorporating MAT into recovery plans.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Form B - FY23 Amount Budgeted:	\$4,881,593	Form B - FY23 Projected clients Served:	2,017
Form B - Amount Budgeted in FY22 Area Plan	\$3,458,254	Form B - Projected Clients Served in FY22 Area Plan	2,831
Form B - Actual FY21 Expenditures Reported by Locals	\$4,450,959	Form B - Actual FY21 Clients Serviced as Reported by Locals	2,043

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBHS and Optum contract with 11 agencies to provide the full continuum of outpatient ASAM LOCs. These programs provide services for youth, women, mothers and fathers with dependent children, and general adult patients, in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/Family Counseling Center (FCC), Odyssey House, and VOA/CCC, for all

levels of care, and can be accessed by any client currently served.

Contracted Providers:

Asian Association of Utah Refugee & Immigrant Center – Adult; Youth

Ascendant Behavioral Health - Adult; Youth (Medicaid only)

Clinical Consultants – Adult; Youth

De Novo – Adult

First Step House – Adult

House of Hope – Women; Children with Parents

Next Level Recovery – Adult; Youth; (Medicaid only)

Odyssey House – Adult; Youth; Children with Parents

Project Reality – Adult

Salt Lake County Division of Youth Services – Youth

Valley Behavioral Health – Adult; Children with Parents

Volunteers of America/Cornerstone Counseling/Family Counseling Center – Adult; Children with Parents

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant change as compared to FY21 actuals.

Describe any significant programmatic changes from the previous year.

No significant change

7) Intensive Outpatient (ASAM II.5 or II.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$1,110,861	Form B - FY23 Projected clients Served:	725
Form B - Amount Budgeted in FY22 Area Plan	\$2,905,431	Form B - Projected Clients Served in FY22 Area Plan	1,593
Form B - Actual FY21 Expenditures Reported by Locals	\$1,101,543	Form B - Actual FY21 Clients Serviced as Reported by Locals	799

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

DBHS and Optum contracts with 7 agencies to provide ASAM 2.1 and/or 2.5 for youth, women, mothers with dependent children, and general adult patients in multiple sites across Salt Lake County. Psychiatric medication evaluation services are provided by VOA/FCC, Odyssey House, and VOA/CCC for all levels of care and can be accessed by any client currently served.

Contracted Providers:

Clinical Consultants – Adult 2.1

First Step House – Adult 2.5, 2.1

House of Hope – Women; Children with Parents 2.1, 2.5

Next Level Recovery – Adult; Youth 2.1; (Medicaid only)

Odyssey House – Adult; Youth; Children with Parents 2.1, 2.5

Salt Lake County Division of Youth Services – Youth 2.1

Valley Behavioral Health – Adult 2.1, 2.5; Children with Parents 2.1

Volunteers of America / Cornerstone Counseling – Adult; Children with Parents 2.1

Adult; Children with Parents 2.5

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant change as compared to FY21 actuals.

Describe any significant programmatic changes from the previous year.

No significant change

8) Recovery Support Services

Thom Dunford

Form B - FY23 Amount Budgeted:	\$6,276,059	Form B - FY23 Projected clients Served:	2,270
Form B - Amount Budgeted in FY22 Area Plan	\$6,128,226	Form B - Projected Clients Served in FY22 Area Plan	3,294
Form B - Actual FY21 Expenditures Reported by Locals	\$6,014,073	Form B - Actual FY21 Clients Served as Reported by Locals	2,175

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link:
[https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf](https://dsamh.utah.gov/pdf/ATR/FY21%20RSS%20Manual.pdf)

DBHS operates the Parole Access to Recovery (PATR) and Intensive Supervision Probation Recovery Support Services (RSS) programs to provide clients with services that support their ongoing recovery. DBHS contracts with providers to offer services that typically are not part of SUD treatment but that increase the likelihood the client will experience long-term recovery. Common services provided by the PATR and RSS programs are housing assistance, medical and dental services, transportation assistance and employment assistance. DBHS and contracted providers actively support USARA's (Utah Support Advocates for Recovery Awareness) efforts to advocate for recovery awareness. DBHS supports the Recovery Oriented Systems of Care initiative.

In May 2019, DBHS assumed management of the Sober Living Program that began as a pilot in FY19 spearheaded by state legislative leadership, the Department of Workforce Services, the State Division of Substance Abuse and Mental Health and Salt Lake County. Clients participating in residential treatment ready to step down into outpatient services, any Salt Lake County drug court, eligible participants from Volunteers of America (VOA) detox programming, or recent graduates of CATS are eligible for the Sober Living Program which offered originally up to 6 months of funding assistance at a contracted provider that is licensed as a recovery residence (or to a much smaller extent as a residential support provider). Additional need for sober housing from the Salt Lake County contracted

network of providers is addressed on an as-needed basis. During FY21, DBHS provided program flexibility and relaxed protocols (allowing clients to return multiple times based on job loss, or allowing clients to stay longer than 6 months) due to the negative economic impacts of the pandemic. During FY22, this was further extended to allow clients to stay between 9 and 12 months when certain criteria were met.

Also during FY22, DBHS responded to an RFA for ARPA funds through DSAMH for additional recovery housing. This resulted in DBHS being awarded approximately \$2.3M which was subcontracted to House of Hope (through the County's contract with Housing Connect) to purchase and renovate a large property in Salt Lake City, in effort to create 13 additional units of sober housing for women and women with children. This project serves a very specific niche, underserved population in Salt Lake County, and is scheduled to begin housing clients in May or June 2022. In FY23, DBHS anticipates providing approximately 900 clients with sober living vouchers. Due to funding and other resource constraints, the monthly program capacity is approximately 300 vouchers.

During FY23, DBHS anticipates to fund and contract for approximately 233 additional housing units through Housing Connect (formerly the Housing Authority of the County of Salt Lake) for individuals and families currently, or at-risk of being, homeless. In FY22, through the support of DBHS, VOA was able to renovate and repurpose an existing facility into a boarding home for SMI females participating in County network ACT programming. The facility, called The Theodora, officially opened for housing in April 2022. The vast majority of the recipients of rental assistance through this contract have criminal justice involvement, a substance use disorder and/or mental illness. Funding under this contract is broken into 55 units for the State Hospital Diversion program, 55 units for the Project RIO Housing (master leased units for SMI clients), 56 units for HARP Housing (short and long term rental assistance), 22 units at the VOA Denver Apartments, 14 units at The Theodora, 25 units at the Central City Apartments (see more below on these tax credit projects), and 6 master lease units at First Step House's Fisher House (congregate site for SMI clients referred to housing through their Mental Health Court participation). All partners referring into these programs are obligated to provide in-home case management for their clients in order to ensure housing stability. DBHS also partners with Housing Connect by providing in-kind match for many federally-subsidized housing programs. The budget for these programs is addressed in the MH area plan.

DBHS/Optum continues to work with community partners on two low income tax credit projects. The first project, the Denver Apartments, is a partnership between DBHS, Optum, Housing Connect, and GIV Group. In 2018 VOA was awarded tax credits to fund housing for 22 VOA ACT Team participants, while supporting wraparound services through the ACT Team. The project was greatly supported by the Salt Lake County Council through a \$400,000 capital investment, and was opened November 1, 2019. The second project, the Central City Apartments (originally named the Fifth East Apartments), is a partnership between DBHS, Optum, First Step House, Blue Line Development, Housing Connect and the Salt Lake City Housing Authority, to develop 75 units of housing for those who qualify as having a severe mental illness (SMI) population. This tax credit project targets individuals exiting the USH, often with co-occurring substance use disorders, as well as those who are frequent utilizers of inpatient services. The project officially broke ground on March 1, 2019, and opened in 2020.

Efforts to assist the uninsured population occur through a coordinated and concerted effort to enroll in Medicaid, CHIP, Marketplace Plans and Medicare.

Long before the expansions of Medicaid, DBHS began funding Department of Workforce Services (DWS) Medicaid eligibility specialists, drawing down federal dollars as a match to assist DBHS' network of providers with enrollment into Medicaid. This effort includes one FTE roaming between the jail, the provider network, and multiple Third District Court locations. During the pandemic, this assistance became remote. DWS awaits notification from Criminal Justice Services as to when the court will allow stakeholders to return to the courtroom setting. Additional DWS assistance is housed in

one of the network's largest providers, Valley Behavioral Health (VBH).

Education, training and connections to Take Care Utah were made to the provider network beginning in 2014, as Marketplace Plans became an option to households earning more than 100% FPL. DBHS leadership also approached judges in the Third District Court to gain their permission to provide enrollment space and internet access to Take Care Utah staff to assist with enrollment into Medicaid, Marketplace Plans and Medicare. The court was not amenable to this option at that time, but in 2017, with the advent of Targeted Adult Medicaid (TAM), embraced the idea. DBHS also approached the jail in considering a partnership with Take Care Utah during these early years. It was embraced in later years as you will see below. Multiple meetings were held with Take Care Utah sharing with them the touchpoints both within the DBHS network and the criminal justice system, to expand enrollment efforts. Throughout the years, more than 250 presentations were made explaining the importance of expanding Medicaid, options through the Marketplace, and highlighted Take Care Utah and DWS Medicaid eligibility specialists (utilizing federal matching dollars), including presentations to UBHC, UAC, NACO and NACBHDD to promote enrollment throughout Utah and other states.

Numerous specialty enrollment efforts were initiated as TAM opened in November of 2017. This includes but is not limited to collaborations with DWS and Take Care Utah to enroll in Drug Court and Mental Health Court settings; the expanded jail medication-assisted treatment (MAT) program; the Corrections Addiction Treatment Services (CATS) program; Legal Defender Association's (LDA) Office; and Criminal Justice Services (CJS). [Some of this assistance became remote later on during the pandemic.](#)

Training was also held [at DBHS](#) with Adult Probation and Parole (AP&P) to assist them in their enrollment efforts (both upon release from prison and also in halfway houses), along with introductions to Take Care Utah, which later led to partnerships there.

In addition to specialty enrollment efforts put in place during the TAM expansion, two large eligibility and enrollment trainings were held at the County Government Center to assist case managers within the county network of providers. Approximately 213 individuals from 20 organizations across the county registered or walked into these training sessions. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. Providers such as VOA eventually partnered directly with Take Care Utah (efforts expanded greatly once social detox became a Medicaid benefit).

While some of these efforts originate in adult populations, they often extend to household members (including children) as individuals begin the enrollment assistance process and request assistance for additional household members (for example, while attending an intake at Criminal Justice Services). Research has shown that Medicaid Expansion states have increased Medicaid enrollment for children. It is believed that as adults become aware of their eligibility, they pursue Medicaid enrollment assistance for children in the household as well. More specific enrollment assistance efforts for children and youth can be found in parts of the Area Plan where this is requested.

Additional presentations were made to the provider network as the state expanded to 100% FPL in April of 2019, and again as the state fully expanded to 138% FPL on January 1, 2020, to encourage and support enrollment in these new households.

DBHS has been planning for these enrollment touchpoints and educating providers since 2014 (the year Medicaid Expansion became an option for states), and saw the provider system respond quickly and nimbly with each new expansion.

Additionally, in 2020 outreach was made to Take Care Utah to advise them of legislative changes that

would enable them to submit applications prior to release from jail (due to Utah becoming a suspension, rather than a termination state).

Enrollment assistance planning was also provided to other local authorities when they requested it.

To address COVID-19 responses and to reduce the spread of infection, DBHS worked with the State Medicaid Office to distribute PDF fillable forms for the TAM referral process, allowing the use of electronic signatures for those telecommuting [later sharing these statewide with Local Authority (LA) directors].

Although some components of these enrollment efforts were curtailed due to COVID-19, such as in-court enrollment assistance, stakeholders will be working to resume them as soon as restrictions allow. [For example, Criminal Justice Services Drug Court personnel stated they will notify us when stakeholders are allowed to return to court for this purpose.](#) Providers were also immediately notified when the new administration opened up a new special enrollment period, and expanded eligibility to new populations, such as those who have received unemployment or those above 400% FPL.

[In addition, in 2019, DBHS began working with the State Medicaid Office, the four Accountable Care Organizations \(ACOs\), and the Local Authorities from Weber, Davis, Utah and Washington Counties to support an integrated benefit for the Adult Medicaid Expansion Population. Numerous meetings were held with these stakeholders, and later with the Salt Lake County Provider Network. Through these meetings, the ACOs agreed to contract with the Salt Lake County essential provider network. As the integration effort neared implementation on January 1, 2020, we engaged our provider network with the ACOs to facilitate agreement on many of the needed next steps: guidelines for utilization management; billing requirements; and coordination of county funded services not covered by Medicaid. Since implementation, DBHS has worked diligently to support resolution of concerns identified by the provider network as they arise, and look forward to a successful integrated benefit. DBHS recognizes that an integrated physical and behavioral health benefit is in the best interest of the residents we serve.](#)

Barriers to maintaining coverage:

One of the challenges to maintaining coverage can be seen as individuals transition between the various forms of Medicaid (due to the expansion of Medicaid). Real life examples include:

- [Changes income \(getting or losing a job\)](#)
- [Changes in household size \(gaining or losing custody of a child, marriage, divorce, etc.\)](#)
- [Pregnant women giving birth, etc.](#)

Fortunately, these challenges are often born by providers, and they have proven nimble to assist clients in maintaining coverage and switching payment streams on the backend, hopefully in a seamless way that is not stressful to clients.

[Due to the Public Health Emergency \(PHE\), individuals may not be removed from Medicaid unless they move out of state, request to be removed, or pass away. Due to this temporary status, although individuals may be sorted into different Medicaid plans as appropriate, they are not removed. Once the PHE ends, providers will need to be proactive in assisting any clients that may have neglected responding to Medicaid reviews, etc., to ensure the client remains on Medicaid, or is assisted in signing up for a Marketplace plan if their income exceeds Medicaid limits.](#)

[The PHE was recently extended to July 15th, 2022, and is likely the last extension. If that is the case, DWS will begin removing clients no longer eligible in August, likely no faster than 1/9 of the population per month. DBHS has been alerting their provider network for some time that this will be the case and encouraging programs to evaluate which clients may have missed reviews, forgotten to update their address, etc., to proactively prevent a client's removal for these reasons. Additional training will be held during the monthly provider network meetings. DWS and the State Medicaid Office state they will](#)

be working to transition clients no longer eligible into other Medicaid options or Marketplace Plans as able.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant change as compared to FY21 actuals.

Describe any significant programmatic changes from the previous year.

As the majority of clients served within the County behavioral health system suffer from co-occurring mental health and substance use disorders, DBHS housing programs serve individuals with both mental health and substance use disorders. Budgets for these programs are separated appropriately between the MH and SUD Area Plans.

As described above, in FY22 DBHS supported the repurposing of VOA's The Theodora boarding home in April 2022. In FY23, DBHS will offer housing support (clinical services delivered onsite [including supportive living and case management], and the housing subsidy) for the full capacity of clients in VOA's The Theodora.

Also during FY22, DBHS worked with multiple boarding homes from the Division's State Hospital Diversion program to renovate facilities and to work with the State Office of Licensing to operate the facilities as Residential Support Programs. The work towards this began in January 2022, and will continue into FY23. While these efforts will not lead to large increases in the number of units available, this remodeling will improve the quality of life for clients housed in these programs, it will improve the quality of housing services provided, and will allow DBHS to work with more efficient and knowledgeable partners in operation of these facilities. As new residential mental health programs and ACT teams are funded and brought online, DBHS will work to offer housing subsidy and associated treatment support for these programs. DBHS will also contract for additional master lease and congregate site support as the need arises.

Also as stated above, DBHS was awarded ARPA funds to open additional sober living capacity through House of Hope, for 13 women or women with children. The renovations and licensing efforts began in December 2021, and continue throughout FY22, with an anticipated opening date of May or June 2022. The program will be fully operational with employees and clients by FY23.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Form B - FY23 Amount Budgeted:	\$15,000	Form B - FY23 Projected clients Served:	120
Form B - Amount Budgeted in FY22 Area Plan	\$15,000	Form B - Projected Clients Served in FY22 Area Plan	121
Form B - Actual FY21 Expenditures Reported by Locals	\$1,115	Form B - Actual FY21 Clients Serviced as Reported by Locals	18

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Salt Lake County and Optum are dedicated to the Peer Support Specialist Program and work to expand the peer workforce in Salt Lake County.

Certified Peer Support Specialists are currently employed at Valley Behavioral Health, First Step House, Odyssey House, House of Hope, Volunteers of America, Silverado Counseling services, University of Utah Warm Line and Mobile Crisis Outreach Team, Psychiatric and Behavioral Solutions, and Central City Housing.

Peer Support Specialists provide consumers with linkage to support services for SUD issues, mental health, physical health and social services. This service promotes the recovery model and provides tools for coping with and recovering from a substance use disorder.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Referrals are made to the Optum Peer Support Specialists via providers, community stakeholders and internal Optum staff and committees. Optum educates our providers and expects them to identify when PSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum. Peer services are expected to be prescribed in a Treatment Plan. Documentation should include a corresponding treatment goal, the services rendered, and clinical review of the member's progress toward that goal.

The effectiveness of services is measured through reporting by the CPSS offering services to members.

Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.

N/A

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).

The percentage of billed units of Peer Support services and clients served was significantly lower in SFY21 than our typical level has been. We are uncertain why this change has occurred and will do further inquiry but speculate that it may be related to the modest rate. We are hopeful that it will bounce back with recent rate increases as we go into SFY23.

Describe any significant programmatic changes from the previous year.

No significant change.

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

The expansions of Medicaid in 2017 – 2020, brought an unprecedented opportunity to expand mental health and substance use disorder services for individuals suffering from behavioral health conditions. In Salt Lake County, this opportunity more than tripled the capacity of some services and led to

“openings as needed” rather than long wait lists in certain areas such as residential treatment in substance use disorder (SUD) settings.

While the advent of these expansions was incredibly exciting, providing a payor for all those who fall under 133%FPL (and are documented), a new bottleneck emerged statewide, in the form of workforce capacity, that will take years to resolve.

Marry that with the severe impacts of COVID-19 beginning in 2020, we now find ourselves in a workforce crisis. Some providers have buildings and/or beds available for our residents with funding streams identified, but they go unused due to the lack of staff to serve these clients.

Additionally, providers have seen a lack of court referrals, most noticeably admissions directly from the jail. The courts are still backlogged. Instead they are seeing a dramatic increase in admissions from hospitals, the streets, and shelters. These individuals require medical and medication stabilization, are often in acute withdrawal, etc., whereas individuals coming from the jail are generally more stable.

Although the shortfall in workforce capacity was identified and highlighted with stakeholders early on by Salt Lake County, and aggressive actions taken, the gap in the behavioral health workforce was too great to solve on its own. Thanks to advocacy from the Utah Substance Use and Mental Health Advisory Council and other stakeholders, numerous legislative actions have contributed to addressing this problem, yet substantial gaps still exist, as evidenced by the Utah State Hospital closing beds in 2022.

Please reference the behavioral health workforce capacity paper and the behavioral health landscape paper (attached) for in-depth information on legislative efforts and systemic changes impacting access to treatment services in Salt Lake County.

The passage of HB 32 during the 2020 general session, allowed for counties to apply for funding to develop and implement Receiving Centers. DBHS was awarded funding for a new non-refusal receiving Center. SLCo transferred the property, and thanks to the Huntsman Mental Health Institute (HMHI) and additional partners and funding, a groundbreaking [occured](#) May 2021. This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

There is a waiting list for residential LOCs for those who do not have some form of Medicaid. DBHS/Optum has strongly encouraged all providers to offer lower level SUD services until an opening is available when any given client is on a waiting list for higher levels of care (ASAM 2.1 – 3.5). [Each provider maintains their own waiting list. The contracted providers have a person\(s\) designated for intakes. This individual maintains the waiting list. Most providers require clients to call in each day/week \(program specific\) to check-in, express their continued interest in SUD treatment, and will be told at that time if they can now be admitted or if their place on the waitlist has changed. Approximate dates are given for when the client may expect admission, but these can vary greatly due to the nature of those in SUD treatment and the course of treatment.](#)

Describe efforts to respond to community [feedback or needs](#). Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory

Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

DBHS strives to ensure that community stakeholders are aware of the services DBHS provides and how to access them. A primary way DBHS ensures this awareness is by regular attendance at community stakeholder meetings. Some of the meetings DBHS representatives attend are: the Granite School District Mental Health Consortium, the Mental Health Court Advisory Committee, the Salt Lake Juvenile Court Multi-Agency Staffings, the Salt Lake Regional Advisory Committee, the Salt Lake City School District Mental Health Roundtable, the Utah State Child Welfare Improvement Council, The Utah Youth Initiative, the DSAMH ATR Steering Committee, [the Family Investment Coalition](#), [Utah Health Policy Project Healthcare Roundtable](#), [the Medical Care Advisory Committee](#), [the Salt Lake Valley Coalition to End Homelessness Health and Wellness Core Function Group](#), and others.

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are addressed monthly, coordinated and planned for. The committee includes representatives from the courts, law enforcement, mayors, county council, state legislators, Legal Defenders Association, District Attorney's office, Department of Corrections, Criminal Justice Services, Human Services, Diversity Affairs, and an individual with lived experience in the criminal justice system. One example is the new Receiving Center. This item is [periodically on](#) the agenda to provide updates and receive feedback from stakeholders.

Additionally, staff at DBHS provide regular trainings and educational opportunities to providers and community stakeholders regarding services offered and DBHS programs administered. Such opportunities include but are not limited to trainings held for the courts, Criminal Justice Services, the Legal Defenders Association, the Salt Lake County Jail, and the Criminal Justice Advisory Council.

In [March 2022](#), Optum [required all in network providers, covering all levels of care, to attend a training focusing on assessments](#). This included screening for nicotine and substance use and diagnosing SUD when indicated. [Resources for more extensive ASAM evaluation and referrals for treatment for substance use disorder were included](#). CEUs [were provided on behalf of the Utah Chapter of NASW](#) for the training.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

All of the practices listed below are recognized by SAMHSA and are offered in the DBHS/Optum SLCo Network.

- Assertive Community Treatment (ACT)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing (MI)
- Cognitive Behavior Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- IPS Supported Employment
- Family Psychoeducation
- Supported Housing
- Consumer Operated Services
- Critical Time Intervention
- Parent Child Interaction Therapy
- Behavior Therapy
- Integrated Dual Disorders Treatment

- Exposure Therapy for PTSD
- Seeking Safety
- Mental Health First Aid
- Wellness Recovery Action Plan (WRAP)
- QPR Gatekeeper Training for Suicide Prevention
- Interpersonal Therapy (IPT)
- Medication-Assisted Treatment (MAT)
- Moral Reconation Therapy (MRT)

All contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. This is verified during each annual monitoring visit. In addition to the regular reviews and re-authorizations described below in the quality of care section, the quality assurance team provides oversight and ongoing consultation and training to the network of providers based on the annual contract compliance/improvement audits. Trainings are focused on the use of individualized, client-centered services; development of standardized assessment and treatment planning tools; the utilization of ASAM patient placement criteria; continued stay criteria; utilization review; and more rigorous quality assurance/improvement, fiscal and administrative oversight requirements.

Additionally, ongoing training is provided to help educate and inform all providers on the ASAM criteria and manual.

Describe your plan and priorities to improve the quality of care.

DBHS' priority has always been to provide constant and consistent utilization management and quality assurance (i.e., monitoring visits) in order to ensure that any given client is afforded the best quality of care in the most appropriate treatment level. To this end, DBHS has created a system whereby all ASAM LOCs greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by DSAMH and Medicaid. This entails the primary clinician completing a treatment plan update with a corresponding progress note. The clinician then notifies DBHS via a universal mailbox established for this purpose that a given file is ready for review. Each request is handled on a case-by-case basis. Should a client meet criteria to continue at the current level, a reauthorization is granted according to pre-established standards set by DSAMH and Medicaid. If DBHS disagrees with the request to continue at the current LOC, then a plan is established by the agency to place the client in the most appropriate LOC according to the most recent ASAM assessment within the treatment plan review. No client is immediately discharged. Should a client be assessed as needing a higher LOC, a similar process is required.

Through the above, the quality of care is monitored constantly. DBHS requires all providers to notify the Division when any new or ongoing authorization is needed. At that time, a Quality Assurance (QA) Coordinator will review the most recent treatment plan/ASAM update for medical necessity. These requests are not automatically approved. If medical necessity is met, then the authorization is granted. If not, then a plan is developed to transition the client to the next appropriate level of care according to the most recent ASAM assessment. DBHS receives multiple requests every day for authorizations and this is a significant part of the responsibility of the QA Coordinators. In addition to this, every provider is audited each year. This involves pulling a random sample of files and thoroughly reviewing each file. A report is issued wherein clinical, administrative, and financial concerns are addressed. If necessary, a corrective action plan is requested within specified time frames.

Optum, ARS/IGS and DBHS have developed similar preauthorization processes in order to reduce confusion with providers. The overall medical necessity expectations and licensure of those reviewing the request are the same. Slight procedural variations are present such as how authorizations are

communicated.

DBHS and Optum continue to support providers in their use of evidenced-based practices; however, the individual providers have the responsibility of obtaining training for evidence-based practices. All current providers have to provide evidenced-based practices, including the supervision required by the EBP, by contract. DBHS and Optum have seen increased use of EBPs by providers including increased use of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-focused Therapy, Trauma Awareness Focused Therapy, Strengthening Families, and gender specific treatments.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

Correctional Program Checklist (CPC) - The CPC is a tool developed to assess correctional intervention programs and is used to ascertain how closely those programs meet known principles of effective intervention. Several studies conducted by the University of Cincinnati of both adult and juvenile programs were used to develop and validate the indicators on the CPC. These studies found strong correlations with outcome between overall scores, domain areas, and individual items.

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsiveness, and treatment. There are a total of 77 indicators, worth up to 83 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE"; "EFFECTIVE"; "NEEDS IMPROVEMENT"; or "INEFFECTIVE".

DBHS has developed multiple outcome measures that vary from program to program. Please reference [the attached compilation of reporting metrics and sections](#) in the justice services narrative for some examples. Data DBHS has collected in the past include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and "frequency of use" changes. New outcome measures for ACT teams [were developed in FY22 and are being monitored this year to establish baseline efficacy targets](#). DBHS has also tracked reductions in jail recidivism for certain cohorts [through](#) a data sharing agreement with the Salt Lake County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and FY22 due to COVID responses both within the treatment system and within our county jail. [Please reference the Behavioral Health Landscape Paper in the attachments for additional information.](#)

DBHS is also appreciative of the quality monitoring that occurs as a part of Utah's Justice Reinvestment Initiative. Through this initiative the Division of Substance Abuse and Mental Health (DSAMH) is responsible for providing certification of behavioral health treatment programs in the state of Utah. The standards are mandatory for treatment providers who serve individuals that are incarcerated, or required to participate in treatment by a court, or the Board of Pardons and Parole. Utah Administrative Code, Rule 523-4 details how DSAMH will carry out the duties and obligations required per the JRI

legislation. DSAMH periodically monitors the performance of each provider to determine if they are in compliance with the requirements of the rules.

During the site monitoring visit, the reviewer focuses the evaluation on:

The agency's use of criminogenic, substance use and mental health disorder screening and assessments

The agency's ability to triage clients based on criminogenic risk

UAs

Evidence-based practices that are used to treat criminogenic risk factors and substance use and mental health disorders, and

Treatment plan goals are linked to a criminogenic need; the agency's use of MAT and the number of staff that are certified in the use of the EBPs that require certification; and recovery supports and after care services.

A link to the state's site monitoring report template may be found at:

<https://drive.google.com/file/d/0B8IDp-QgjBuKN0FMUTFHdDZMMjZ5Z0ZXd2hsRF9lU0JzR1ZN/view>

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

DBHS/Optum currently has over 100 (MH and SUD combined) providers utilizing telehealth platforms during the pandemic. The services on the authorization for telehealth mirror the in person (in clinic) services, as pertinent. In regular communication with providers (by phone, in training, etc.), we have found that many of our providers have gone through or are completing the process to continue telehealth services beyond the pandemic.

While no specific telehealth system is required for our providers, they submit an attestation confirming that the videoconferencing technology is compliant with HIPAA requirements and meets current American Telemedicine Association minimum standards. In addition, the following requirements must be met to perform telehealth services:

HIPAA and bandwidth requirements

Compliance with applicable laws, rules, regulations, and state requirements to provide telehealth services along with coding requirements and documented protocols

Standards for appropriate, private and secure room/environment

Secure documentation rules in accordance with HIPAA

Protocols to assure equipment functions properly with a backup plan in case of failure

Licensing standards for the state

All providers currently providing telehealth services have completed training on the following which will still apply if they attest and continue to provide telehealth services:

Proper claim submission protocols

Appropriate malpractice insurance for providing telehealth services

Telehealth services are included in treatment record reviews during monitoring visits of our providers.

Auditors will ensure all required components of the service provided are included, even as the service was not rendered in person. Justification or ongoing treatment and demonstrated improvement through treatment plan reviews of SMART treatment objectives is expected. When individuals are not improving, the treatment plan is to be adjusted accordingly.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

Corrections Addictions Treatment Services (CATS) at Oxbow and Adult Detention Center Jails, South Salt Lake City: CATS is an addictions treatment therapeutic community based on an [intensive outpatient](#) level of care (9 - 19 hours per week of treatment services with additional services included based on the therapeutic community model). The program is operated within both the ADC and Oxbow Jails. The capacity for males is 152 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. The CATS program is also a direct referring partner for the Vivitrol Program [and county housing programming](#).

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS). The CATS, DOGS [and Prime for Life](#) programs are contracted through Odyssey House.

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail, as well as those engaging in SUD treatment, clients working towards treatment engagement, or those continuing care services in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections. Any Salt Lake County resident engaged in SUD treatment or continuing care services, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to participate in the Vivitrol program. Our criminal justice partners, including CATS in the jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, and Intensive Supervision Probation, constitute the bulk of our referrals. Those who attend regular case management appointments and remain engaged in treatment are eligible to receive monthly Vivitrol treatment at no additional charge to the client.

In 2019, federal grant dollars allowed for an expansion of MAT services in the jail. Qualifying program participants with an opioid [or alcohol use disorder](#) have access to MAT, SUD behavioral therapies, and coordinated referrals to community treatment services upon release. MAT Program medications may include Methadone, Buprenorphine or Naltrexone (Vivitrol). The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality.

Qualifying participants have an opioid [or alcohol use disorder](#) and may include: individuals enrolled in an OTP in the community when booked; individuals undergoing supervised withdrawal; pregnant women; and individuals in the Naltrexone (Vivitrol) program. Admission guidelines [are constantly reviewed and considered in an effort](#) to cover additional populations with DBHS approval and as budgets allow. [In FY22, the program was granted temporary approval to provide psychosocial assessment and therapy absent medication, and at times medication absent therapy based on the ongoing struggle in maintaining licensed medical and behavioral health staff.](#) Individuals with longer sentences or sentenced to prison are reviewed for taper of their medication.

Additionally, program participants identified as having an OUD are given information and education regarding the use of the Naloxone rescue kit, and an actual kit as supplies last. Once supplies are exhausted, information and education regarding the use of the Naloxone rescue kit will be given, including where the client can obtain the kit.

DBHS operates many additional programs aimed at diverting individuals from the county jail by providing services prior to arrest; while incarcerated in order to reduce their time of incarceration; and through transition services for incarcerated individuals as they are released from jail. These services are funded entirely with State and County funds. Please refer to the Justice Services section for additional information on these programs.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Not significant.

Describe any significant programmatic changes from the previous year.

Stringent booking restrictions were put in place during the COVID-19 pandemic that significantly reduced the jail's overall population. This affected the jail MAT numbers and CATS numbers dramatically, with fewer clients served (because fewer individuals were booked into the jail). It is anticipated that as the pandemic eases, so too will these restrictions.

The jail also experiences the same difficulties in hiring workforce as the rest of our providers, perhaps even more so, given the location of these services. Efforts are underway to attract workforce through different methods. We are hopeful this programming will normalize and numbers served will increase over the next fiscal year.

Due to the uncertainty of COVID-19 (and associated impacts to the jail population), it is difficult to project changes in FY23 programming.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

The Salt Lake County Jail has an intoxication and withdrawal policy to ensure safe and effective drug and alcohol withdrawal and clinical management of patients in withdrawal. A program of medical detoxification will be initiated for each patient incarcerated in the jails who is physically and/or psychologically dependent on the following: alcohol, opiates, stimulants, sedative, hypnotic or hallucinogenic drugs.

Health Services within the jail is responsible to provide procedures for the clinical management of these patients. The protocols for intoxication and detoxification are approved by the responsible physician, are current and are consistent with nationally accepted treatment guidelines. Medical detoxification is performed at the jail under medical supervision or at a local hospital depending on the severity of symptoms.

Patients are screened by a registered nurse and mental health professional for drug and alcohol abuse or dependence, in processing at the nurses pre-screen, and during the comprehensive nurse and mental health screenings.

These screenings will include a detailed history of the type of drug; duration of use; frequency of use; approximate dose; last dose; history of prior withdrawal; history of prior treatment for withdrawal; and current signs or symptoms of withdrawal.

All patients found to be withdrawing from a physiologically addicting drug will be treated in accordance with recommended medical practice. Treatment will be determined by the individual needs of the patient as well as the type and severity of the drug withdrawal. Patients at risk for progression to more severe levels of withdrawal are transferred to the Acute Medical, Acute Mental Health, or Sub-Acute Mental Health units, or to an outside medical provider for observation, treatment and stabilization.

The DBHS Vivitrol program, which began as a pilot program in FY15 to provide Vivitrol to individuals leaving the CATS Program in the Jail, and into the community, continues to serve clients inside the Jail,

as well as those engaging in SUD treatment, clients working towards treatment engagement, or those continuing care services in the community. DBHS partners with the SLCo Jail Medical Team, Midtown Community Health Center, the Martindale Clinic, Utah Partners for Health, and the Utah Department of Corrections. Any Salt Lake County resident engaged in SUD treatment or continuing care services, as well as those working with case management teams with a goal of accessing ongoing treatment, are eligible to participate in the Vivitrol program. Our criminal justice partners, including CATS in the jail, the Department of Corrections Treatment Resource Centers (TRCs) and halfway houses, and Intensive Supervision Probation, constitute the bulk of our referrals. Those who attend regular case management appointments and remain engaged in treatment are eligible to receive monthly Vivitrol treatment at no additional charge to the client.

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The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

DBHS does not spend any SAPT funds on jail-based programming. The division utilizes County funds, SSOR Grant (previously STR and SOR) dollars, and other State funds for these programs.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. [Please include a list of community agencies you partner with to provide integrated services.](#)

Providers within the SLCo network have taken steps towards integrating physical health and behavioral health services. Additional coordination between behavioral health providers and physical health providers occurs. Please find examples below of integrated efforts within their programs:

Odyssey House (OH)

Odyssey House operates the Martindale Clinic, an integrated primary care/behavioral health clinic focused on serving individuals with behavioral health issues and their families. Within the clinic, they provide typical family practice medical services and procedures, such as chronic care management, labs, wound care, diabetes management, blood pressure management, etc.; MAT prescribing and administration; mental health medication prescribing; women's health and family planning services and procedures; and HEP C treatment.

The Martindale Clinic is a syringe exchange site and facilitates providing clean syringes to current injecting users.

Additionally, Martindale providers in conjunction with Soap to Hope, provide weekly street-based medical care to sex workers and homeless individuals, typically treating wounds, STDs, MAT, among others. These individuals are typically resistant to coming into a traditional medical setting because of fear of going to jail or getting in trouble with their pimp, so they are going to them and having real success.

Within BH programs, BH and medical staff work closely together to address mental health, physical health, and MAT needs for all clients. As an example, in residential settings, Odyssey House serves PICC (Peripherally Inserted Central Catheter) patients from all the hospital systems. These clients have an IV line that runs directly to the heart to deliver high dose antibiotics over a period of ~6 weeks. The individuals they serve in this program have an infection from IV drug use that has infected the heart. Often these individuals have heart valves that have been replaced because of the infection, and require this antibiotic regimen in order to salvage the donated valve and the rest of the heart. They are high-risk for overdose and death, because they have an open port directly to their heart, and are at risk of using that port to use drugs. Consequently, prior to this program, hospitals would have ordinarily kept these patients in the hospital because of that overdose risk. Through this program, they can be managed safely at a lower level of care and have better outcomes. Intermountain and their lead infectious disease doctor approached Odyssey House with this project a number of years ago. The University of Utah followed a couple of years later and now SL Regional, St. Marks, and other hospital systems across the state have been referring in, seeing patients from across the state.

Finally, they have an addiction medicine fellow that is developing a program within the residential sites that combines nutrition, exercise, and life skills that is sustainable for this population as they transition back to independence.

First Step House (FSH)

The First Step House Medical Department includes a Medical Clinic and Nursing Services. This care is provided internally by our medical clinic staff (an APRN and certified Medical Assistant) and our nursing services staff (two registered nurses and three medication technicians). General medical services include a history and physical screen upon admission, a medical needs assessment and plan, MAT prescriptions (Suboxone and Vivitrol), office visits/exams, assessments, patient medication education and monitoring, seasonal vaccination program management, COVID-19 testing, and referral for care management of medical issues that arise during the course of the episode of care.

The FSH Medical Clinic is located at 434 South 500 East in downtown Salt Lake City. The clinic offers primary care services to any First Step House client that does not already have an established primary care provider upon admission to FSH. In addition, the medical clinic offers a variety of urgent care services to FSH clients, including those who are not established as primary care patients. Primary care services will include, but are not limited to, annual wellness exams, laboratory testing and monitoring, evaluation and management of common chronic conditions such as high blood pressure, high cholesterol, thyroid disorders, diabetes, anxiety, depression, insomnia, etc. Urgent care services include, but are not limited to, management of common conditions such as cold and flu, strep throat,

difficulty sleeping, skin conditions, sexually transmitted illnesses, muscle strains and injuries, etc. Referrals to more specialized services are available, as needed, on a case-by-case basis.

The FSH Nursing Services Department provides nurse care, care management, and medication management to First Step House in our three residential treatment programs. Primary community-based partners include 4th Street Clinic, UofU School of Dentistry, Salt Lake VA Medical Center, Martindale Clinic & various community-based healthcare providers.

They also have a Joint Commission accredited UA lab (and bill it on the PH side of Medicaid).

Valley Behavioral Health (VBH)

Valley Behavioral Health has been providing PH services to their clients in residential treatment since 2019 when they launched a pilot on their EPIC Campus. They have since become credentialed to provide both physical and behavioral health services through most major payors. They have provided these services as primarily telehealth services in 2020 and onsite when needed. They will soon be providing onsite physical health at their ValleyWest Integrated Care Clinic serving youth, families and children.

In late FY22, VBH launched an onsite clinic at their North Valley building and Valley Plaza, serving adult clients. They will soon provide services at Valley Woods. They will provide this through their ValleyFIT model with a team of physical health providers that work collaboratively with their prescribers and other teams to coordinate care. They also have recently launched a chronic care management model that they are implementing to support individuals with 3 or more chronic conditions.

Clinical Consultants

Clinical Consultants has begun to develop a family practice within their building in West Jordan. They have two medical exam rooms and three employees currently delivering services. This includes a 20-hour/week DO (Doctor of Osteopathic Medicine), and two family practice nurse practitioners. Clinical Consultants is one of the Salt Lake County network providers of MAT services.

By the end of FY21, they began to offer physical exams, preventative health, primary care, routine medical care, vaccines, and urgent illness care (in addition to MAT). In addition to serving their behavioral health clients, they intend to open access to the general public.

In February of 2022, Clinical Consultants began to provide the local community with free COVID-19 testing. As of April 2022, they completed an internship agreement for placement of APRN Interns. They have been approved as panel providers for medical networks with Healthy U and have applications pending with HealthChoice, Molina and SelectHealth. They are presently interviewing Medical Assistants for immediate full time hire. Their prescribers are now set up with a medical software and e-script system. They are hopeful that they will be delivering the services with the above staff on or before July 1.

Volunteers of America (VOA)

Volunteers of America, Utah is dedicated to providing integrated primary and behavioral health care. They partner with Fourth Street Clinic to provide onsite triage and medical care at their Detoxification facilities and Homeless Resource Centers (this service has been less active during the pandemic). Their outpatient clinics partner with Midtown Community Health Center and Health Clinics of Utah. VOA hired a medical assistant to triage client needs, coordinate care, and make the referral to primary care services seamless. For several years they have been a recipient of the Utah State Primary Care Grant which provides funding to pay for the primary care needs of clients who are unfunded.

Fourth Street Clinic

Fourth Street Clinic is committed to providing integrated health care services for those in our

community that are experiencing homelessness. Through offering high quality medical, dental, behavioral and supportive health care services, unsheltered individuals have access to essential treatment and care. Through low barrier, integrated health care, Fourth Street Clinic is a partner in ending homelessness, promoting community health, and achieving across-the-board health care savings. Fourth Street Clinic's integrated health team provides psychotherapy, psychological counseling, psychiatric evaluation and management, family and couples therapy, health and wellness, primary care provider collaboration and substance use disorder assessment, including medication-assisted treatment (MAT), and treatment referrals.

Salt Lake County Vivitrol Program

Strong partnerships have been developed with Midtown Community Health Center in South Salt Lake, Odyssey House's Martindale Clinic, and Utah Partners for Health (UPFH) in West Jordan. Not only are clients referred to these clinics for their Vivitrol screenings and injections, clients are also offered access to primary care services through these same encounters. At Midtown and UPFH, with so many complicating health factors often arising during Vivitrol engagement, DBHS, in coordination with DSAMH, agreed to fund an enhanced office visit cost, to assist with covering the costs of other routine screens that may be necessary during a client's visit with medical professionals. In turn, the clinics provide the full spectrum of physical health care for Vivitrol clients as they actively attend their appointments. At Martindale, clients are also offered access to primary healthcare. All partner clinics accept Medicaid and private insurance as well.

In addition to the efforts mentioned above, Optum meets and collaborates weekly with the four Accountable Care Organizations (ACOs) to staff complex cases, coordinate care for Civil Commitment Court, facilitate aftercare post IP Detox, make case management referrals, and identify medical and BH resources. These meetings result in improved engagement and access for our most vulnerable clients. The ACOs continue to be notified by Optum clinical team of an inpatient psychiatric admission for their members. They are also notified of the discharge and the discharge medications that the member is prescribed. The ACOs use this information to ensure follow-up with discharge services and support as needed.

Finally, in 2019, DBHS began working with the State Medicaid Office, the four ACOs, and the Local Authorities from Weber, Davis, Utah and Washington Counties to support an integrated benefit for the Adult Medicaid Expansion Population. Numerous meetings were held with these stakeholders, and later with the Salt Lake County Provider Network. Through these meetings, the ACOs agreed to contract with the Salt Lake County essential provider network. As the integration effort neared implementation on January 1, 2020, we engaged our provider network with the ACOs to facilitate agreement on many of the needed next steps: guidelines for utilization management; billing requirements; and coordination of county funded services not covered by Medicaid. Since implementation, DBHS has worked diligently to support resolution of concerns identified by the provider network as they arose, and look forward to a successful integrated benefit. DBHS recognizes that an integrated physical and behavioral health benefit is in the best interest of the residents we serve.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

All contracted vendors are required to have relationships with primary care systems. Four primary care providers who are excellent partners are: the Fourth Street Clinic for the homeless population, Odyssey House's Martindale Clinic, Utah Partners for Health, and Midtown Community Health Center located on State Street in Salt Lake City. In addition, Intermountain Healthcare provides extensive charity care for

County clients.

The Division currently contracts with Fourth Street Clinic for behavioral health assessments for uninsured homeless clients. Our other partner clinics, Midtown Community Health Center, Martindale Health Clinic and Utah Partners for Health administer Vivitrol to clients who are opioid or alcohol dependent. We continually seek out opportunities to increase the availability of integrated physical and behavioral health care to our clients through our partnerships with primary care providers. DBHS now funds mental health treatment for some Vivitrol clients at Utah Partners for Health, so that they may receive their MAT and therapeutic services at the same clinic. Additionally, Martindale Clinic offers physical health services to RSS clients.

The DBHS/Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with three SUD providers (VBH, VOA and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and females (CORE 2). Additionally, RIC-AAU expanded their services to become a dual diagnosis enhanced program. In FY21, Odyssey House opened a residential program for women who have co-occurring disorders and are justice involved.

Optum continues to be invested in our relationships with the ACOs, who are very responsive to collaboration and information requests. The ACOs are notified of all inpatient admissions and discharges. Medical issues identified during utilization management reviews are forwarded to the Care Coordination team for outreach to the medical plan to identify services, case management programs, resources, history, and direction to address medical issues. Members from the care coordination team attend all ACT meetings and facilitate connection with the medical plans when medical issues are a concern. The ACOs routinely contact the Care Coordination team to identify resources for behavioral health services which support medical interventions related to chronic illness and pregnancy. Optum has hired a new wellness coordinator who starts on May 2, 2022. This new position will enhance our collaboration to address complex conditions such as treatment for eating disorders. In the Fall of 2021, Optum initiated discussions with IHC's Live Well Clinic, Select Health and the ACOs to facilitate the ability of all Optum members, regardless of their medical plan, to obtain comprehensive treatment for eating disorders. The behavioral health clinicians affiliated with the clinic would be able to bill Optum for their services. Discussions are ongoing and all indications are that this partnership will be embraced by all parties, as comprehensive and collaborative treatment is key to recovery.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Optum Care Advocates continue to collaborate with the respective ACOs on a case-by-case basis when it is noted that the consumer's medical needs, such as HIV, AIDS, Diabetes and Pregnancy, are a component of their SUD treatment and/or a part of their recovery. Each ACO has an identified person that is our contact point. The ACO then staffs the case and Optum will be contacted in return with their recommendation and/or plan to help address the medical status. Optum then coordinates with the treating provider what the medical plan is and who to coordinate with for their collaborative care. In some cases, Optum has been able to proactively access health care services for consumers coming out of USH, so that medical support is available upon immediate return to the community. This process is fluid and responsive on an as-needed basis in order to be flexible in meeting consumer needs.

Optum is currently in the process of adding software to enhance our system and allow for formal identification and tracking of social determinants of health and medical concerns. It will organize

documentation of these efforts on behalf of the Optum Clinical Team. In mandatory Optum SLCo provider trainings in March 2022, guidelines for gathering information related to the medical histories of the member and their family were included. During trainings and audits, providers are advised to contact the Optum Medical/BH Integration Specialist and Clinical Team to facilitate connection with the appropriate medical plan contacts.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the *Fagerstrom scale*. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

DBHS/Optum continues to educate providers on the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Screening for use and abuse with referrals to smoking cessation supports continues to be addressed at provider meetings and trainings for MH and SUD treatment providers. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. Except for the very small providers, all providers have some level of cessation services, from the basic referring to a quitline (and helping the client access that) to formal classes. In addition, for those who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client. Salt Lake County/Optum has also incorporated a review of nicotine-free environment initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients. The Optum Recovery & Resiliency Team has incorporated education about tobacco cessation in their CPSS trainings. In this last year, an Optum CPSS and DBHS Quality Assurance Coordinator completed the Train the Trainer sessions for Smoking Cessation module of the Dimensions system. Subsequently, during FY21 and COVID-19, 11 people from six separate agencies were trained in the module and will offer the nicotine cessation classes to members before the end of June 2021. This training will be offered again in FY22, as providers have already expressed interest in training more staff.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

For the Optum network, during the recent mandatory provider training focused on comprehensive assessments, clinicians offered guidance on the inclusion of the medical histories of individuals and their families. Providers are to consider the member's culture and living conditions which may also influence their physical, social, emotional and spiritual wellbeing. Providers are expected to request a release of information to collaborate with the individual's primary care physician, behavioral health prescriber and other key medical and behavioral health providers to encourage coordinated care. Provider policies and procedures, as well as treatment records, are monitored to ensure assessment and coordination of treatment are considered for all who receive treatment. Providers within the Optum SLCo Network may also offer specific training for the clinicians and other service providers within their facilities/agencies/groups. Optum and SLCo refer treatment providers and members to Take Care Utah and care coordinators through the member's ACO to obtain links to a PCP and other supports for medical care and maintenance

Within DBHS, while we do not provide any direct services to any population, staff are encouraged to attend various trainings that focus on client care. These include, but are not limited to, Generations and Critical Issues.

13) Women's Treatment Services

Rebecca King

Form B - FY23 Amount Budgeted:	\$13,098,889	Form B - FY23 Projected clients Served:	2,262
Form B - Amount Budgeted in FY22 Area Plan	\$11,654,990	Form B - Projected Clients Served in FY22 Area Plan	2,416
Form B - Actual FY21 Expenditures Reported by Locals	\$11,680,595	Form B - Actual FY21 Clients Served as Reported by Locals	2,018

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

DBHS and Optum contract to provide women's treatment with eight providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, Midtown, Clinical Consultants, Martindale Clinic, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 7 locations for MAT services.

Additionally, DBHS and Optum contract to provide gender specific treatment for parenting and/or pregnant women and accompanying children with five providers located throughout the County. Providers include House of Hope, Odyssey House, VBH, VOA/Cornerstone, and Project Reality. Services include 5 outpatient sites, 4 intensive-outpatient sites, 3 day treatment sites, 3 residential sites, 1 site for social detox, and 6 locations for MAT services.

Some of the specific, specialized services provided to women include:

- Women on Methadone can receive treatment at House of Hope, VBH, and Odyssey House while pregnant. VBH and House of Hope will work with women after the birth to taper to an appropriate dose and then continue treatment. Odyssey House has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery.
- Project Reality is currently providing multiple services for women and pregnant women. The agency partners with obstetricians and high risk pregnancy obstetric services all over Salt Lake County. Project Reality has developed specific collaborations with SUPeRAD at the University of Utah and Intermountain Medical Centers to support success for pregnant women with opioid use disorders and their infants after delivery. Project Reality delivers OTP medication to the 'rooming in' program at the University of Utah Medical Center to support mothers caring for infants who stay in the hospital. Women, in general, are offered specialized women's groups that rotate topics to address a number of specific women's issues. Project Reality also provides referrals to women's specific programs such as House of Hope, Odyssey House women's and children program, and YWCA; provide parenting classes for families with children; and access to supplies for emergencies with children such as diapers, and toys to keep children occupied in the room while women are in their therapy sessions in the same room. [Pregnant patients also have access to the expanded care services listed under 4\) Opioid Treatment Program \(OTP-Methadone\).](#)

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with

children at risk of, or in state custody.

Children of families receiving substance use disorder treatment receive therapeutic/developmental services during the day while their parents are attending group/individual therapy sessions. These services include assessment, individual and family therapy, practicing pro-social and health behaviors. For children in the transition program they are eligible to continue receiving services while their parents work and move into permanent or transitional housing.

All programs also coordinate care with DCFS and CPS assisting mothers to meet service plan goals, arrange visitation as allowed by the court or family agreement, and contingency plans for emergencies.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

The parent and children programs provide case management assistance with obtaining children's records such as birth certificates and social security cards, obtaining Medicaid or other financial supports, and monitoring court dates. Efforts are made to set up educational, mental health, and/or developmental referrals for current and future assistance. Case management services also involve working with families to manage financial assistance already in place.

Childcare includes services provided directly to children without parents present such as maintaining daily routines, assisting with activities of daily living, or engaging in recreational activities.

Transportation includes child and family appointments outside of the program, attending court, or other events necessary to healthy family functioning.

Describe any significant programmatic changes from the previous year.

No significant changes

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

With Brent Kelsey's approval, beginning in SFY22, DBHS is no longer utilizing the WTX to fund residential women and children's treatment. The funding was approved to be used to fund the USARA Recovery Support Coaching program (see program summary on page 47).

Please describe the proposed use of the WTX funds

The \$210,000 will be used to fund the USARA Recovery Support Coaching program.

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

USARA serves the entire State of Utah.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

Though the Valley Phoenix Women and Children's Residential program was approved by Salt Lake County to be a statewide program, DBHS has no clear evidence that any out of county individuals were served by this program.

14) Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY23 Amount Budgeted:	\$1,125,954	Form B - FY23 Projected clients Served:	250
Form B - Amount Budgeted in FY22 Area Plan	\$985,310	Form B - Projected Clients Served in FY22 Area Plan	195
Form B - Actual FY21 Expenditures Reported by Locals	\$643,062	Form B - Actual FY21 Clients Serviced as Reported by Locals	191

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

DBHS and Optum contract to provide treatment for adolescents through four providers located throughout the County. Providers include Odyssey House, Youth Services, [Clinical Consultants](#), and Asian Association. Services include 8 outpatient sites, 3 intensive-outpatient sites, 1 day treatment sites, 1 residential site, and 1 site for social detox. Medical detox is available to youth needing this service as well.

Some of the evidence-based practices employed by our providers are:

- Multifamily Psychoeducation Group (MFG)
- Trauma Focused Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Cognitive Behavior Therapy
- Behavior Therapy
- Integrated Dual Disorders Treatment
- Seeking Safety
- Wellness Recovery Action Plan (WRAP)

Additionally, some offer [gender specific treatment](#).

In order to incorporate the ten key elements of quality adolescent treatment, DBHS will have this as a discussion item during the monthly PSCC meetings. Additionally, DBHS and Optum have a robust monitoring system (see "Governance and Oversight Narrative", section 2 for more detail). DBHS and

Optum will incorporate the key elements of quality adolescent treatment into the monitoring tools. This includes providing immediate feedback and training to the providers as problems are identified.

Also, Salt Lake County Division of Youth Services (DYS) has clinical outpatient services for adolescents. These are conducted by licensed mental health therapists. There are components of SUD discussions in all of the above.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Optum receives referrals for youth from a variety of sources including: families, juvenile drug court, school districts, inpatient facilities, other treatment agencies that do not typically offer specialty SUD treatment services, Multi-Agency Staffing, and System of Care. To ensure that the Salt Lake County community stakeholders continue to remain aware of the SUD resources available, Optum has met with several agencies including, but not limited to, juvenile court/probation officers and school district meetings. Additionally, Optum has offered trainings to Mental Health providers regarding SUD related topics. During these trainings, providers are reminded of the SUD resources available through the Optum Network. Optum's Clinical Operations team also offers referrals to families who may call in requesting information on SUD resources available for their child.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

Each agency providing treatment collaborates closely with other State agencies serving children and youth to ensure that needs are being met. Both DBHS and Optum monitor these efforts and request that providers document their efforts at collaboration in the client plan. DBHS and Optum participate in the weekly Multi-Agency Staffing (MAS). This staffing also includes representatives from Juvenile Court, Granite School District, and other treatment providers including SUD.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

As compared to FY21 actuals, the increase in funding and clients served are anticipated to increase based on the anticipated expansion of the Odyssey House residential youth program, funded by YTS funds.

15) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$2,911,040	Form B - FY22 Amount Budgeted: Felony	\$2,275,812
Form B - FY23 Amount Budgeted: Family Dep.	\$644,656	Form B - FY22 Amount Budgeted: Family Dep.	\$404,100
Form B - FY23 Amount Budgeted: Juvenile	\$228,668	Form B - FY22 Amount Budgeted: Juvenile	\$126,656
Form B - FY23 Recovery Support Budgeted	\$3,784,364	Form B - FY22 Recovery Support Budgeted	\$2,806,568

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Adult Drug Court clients are required to screen high risk based on the LS/CMI assessment to be eligible for the Adult Drug Court program. Potential clients are identified by the Legal Defenders Association and are referred to the District Attorney (DA) who screens based on criteria. The DA then refers clients to CJS for the LS/CMI. Upon completion of the assessment, CJS sends the LS/CMI results to the DA who uses the results and other legal information to assign to a Judge and Court. CJS also arranges for an ASAM assessment to be conducted by [Assessment Referral Services \(ARS\)](#). Upon completion of the assessment, CJS sends the treatment recommendation and appropriateness back to the DA to make final determination. Once this process is complete, clients who are eligible are pled into the program. CJS supports adherence to Best Practices and recommends a maximum of 125 clients per court. There are currently 336 total participants. [After court closures in 2020 due to the COVID-19 pandemic, courts started to reopen in 2021 and we anticipate a continual increase of referrals.](#)

Family Recovery Court (FRC): Clients participating in the FRC program must meet the eligibility criteria of being high risk and high need, have reunification services ordered, and voluntarily sign-up for FRC. DBHS works closely with the Third District Juvenile Court and DCFS to identify clients that may be eligible for the FRC program. FRC is using the ASAM assessment and/or the RANT to assess the needs of clients and determine risk. Indicators of high risk would include DCFS involvement, order for reunification services, and treatment needs indicating an ASAM 2.1 or higher LOC. There are four Family Recovery Courts in Salt Lake County. The amount of participants served in each FRC is an average of 30, which is approximately 120 participants collectively per year.

Juvenile Drug Treatment Court (JDTC): Participants in the JDTC program must meet the eligibility criteria of being moderate or high risk and high need. DBHS works closely with the Third District Juvenile Court to identify participants that may be eligible for the program. The JDTC program uses the Pre-Screen Risk Assessment, Protective and Risk Assessment, and SASSI to identify moderate and high risk/high need youth. Additionally, all JDTC participants receive an ASAM assessment to determine the appropriate level of care for treatment. There is one Juvenile Drug Treatment Court in Salt Lake County. The amount for participants served is an average of 25 participants per calendar year.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Adult Drug Court (DC) clients receive SUD treatment through DBHS contracted providers (ASAM 1.0, 2.1, 2.5, 3.1, 3.3 and 3.5). [Clinicians at CJS provide](#) clinical case management services and bridging any treatment service gap with internal therapeutic based classes including Seeking Safety and MRT. Additionally, clients receive case management supervision services and cognitive based journaling classes while in Drug Court through CJS.

During initial court orientation, clients complete an application for Medicaid/TAM; if the client is incarcerated, the case manager sends the referral to UHPP upon his/her release. If the client's paperwork was not completed or they need to reapply, the case manager refers the client to a Medicaid enrollment specialist. Clinical Case Managers monitor treatment and funding/Medicaid eligibility in collaboration with the treatment provider.

CJS uses several evidence-based curriculums with drug court clients including Seeking Safety, Moral Reconciliation Therapy (MRT), and Courage to Change. All staff who provide these curriculums were trained and certified by qualified trainers and receive regular boosters via webinars, DVDs, etc.

Family Recovery Court: Participants have access to DBHS' full network of contracted providers for treatment and case management services that include outpatient, day treatment, and residential treatment services. Additionally, DBHS [contracts with an ARS](#) assessment worker to conduct initial assessments, [authorize funding](#) and to serve as a liaison between treatment providers and the Court. Participants are assisted with Medicaid enrollment in multiple touchpoints. [Participants are required to obtain sober support, which is often a peer coach with Utah Support Advocates for Recovery Awareness \(USARA\), but may also be a sponsor.](#)

Juvenile Drug Treatment Court: Participants have access to DBHS' full network of contracted youth providers for treatment and case management services that include outpatient, day treatment, and residential treatment services. Third District Juvenile Court staff collaborate with the DBHS liaison to assist with Medicaid enrollment services.

Describe the MAT services available to Specialty Court participants. [Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court.](#) Will services be provided directly or by a contracted provider (list contracted providers).

All adult Drug Court clients are eligible to participate in DBHS' MAT services. All services are contracted out. These include methadone or suboxone through Project Reality and the Vivitrol Program. The injections for the Vivitrol Program are administered via Odyssey House's Martindale clinic, within the county jail, at Utah Partners for Health, or Midtown Community Health Center. Clinical Consultants also offers Suboxone and Vivitrol through their outpatient MAT clinic. Agencies who do not have direct MAT services are able to refer clients to the previously listed service providers. Vivitrol services are described under the RSS Section. CJS also has a dedicated MAT case manager providing additional case management to clients currently utilizing MAT services in the community who need additional help navigating these services.

FRC participants may engage in MAT support through community clinics that offer methadone, Suboxone and Vivitrol based on client preference and clinical recommendations. FRC does not provide direct MAT services but is supportive of participants seeking MAT through a licensed private provider.

The JDTC does not provide MAT services for youth participants.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court contracts with Averhealth for drug testing. Averhealth uses current research and complies with the national standards for drug testing techniques. Averhealth can provide a breadth of drug testing. Every client is given a five or eight panel drug test, and usually given a random specialty test to determine if cross addiction is occurring. Averhealth provides observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. Clients who are receiving ASAM 3.1 and above are usually drug tested at the facility where treatment is being provided. In some cases, if the provider does not have the resources for drug testing or is not able to provide the frequency of 2-3 times per week, including weekends and holidays, the client will be sent to Averhealth to test. Averhealth provides random testing to our clients 6 days a week including

Monday through Friday, on Saturday or Sunday and on at least three federal holidays. In order to better serve the client, Averhealth also provides confirmation tests to better determine the client's use and which specific drug was used.

Family Recovery Court and Juvenile Drug Treatment Court participants are tested randomly at a minimum of twice a week, including weekends and holidays, by the treatment provider they are being served through or through a contracted agency (i.e., Averhealth). FRC participants are not charged a fee for drug testing. Participants drug testing through Averhealth are given a five panel drug test, which includes a breathalyzer. Additionally, they provide observed sample collection, temperature readings, and checks for creatinine and specific gravity to detect adulterated samples. In some cases, if the provider does not have the resources for specific drug testing or is not able to provide the minimum drug testing requirements,, the participant will be required to drug test through their treatment provider and Averhealth.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court: There are no fees associated with Drug Court. Clients are only responsible to pay any restitution associated with their case. Outside of residential treatment, clients may be asked to pay by their individual treatment providers/sober living program depending on individual circumstances. If the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Clients also pay for their own tests through Averhealth, but CJS can provide fee waivers on a case-by-case basis.

Participants in Family Recovery Court and Juvenile Drug Treatment Court are not assessed fees for their participation in these speciality treatment courts. When accessing treatment, these expenses are generally covered by Medicaid. In cases where the participant does not have Medicaid and the treatment provider is within the Salt Lake County DBHS network, they will be assessed for payment based on the DBHS sliding scale fee schedule. Drug testing fees are covered through the contract with Averhealth or the treatment provider they are receiving treatment services from.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

Adult Drug Court: No significant program changes were made during [calendar year 2021](#). While there was not a significant programmatic change in and of itself, the pandemic significantly [impacted Adult Drug Court and the use of remote client meetings with case management services, referrals and court hearings](#). [By the end of calendar year 2021, all Adult Drug Courts started holding hybrid virtual courts and client case management meetings to allow clients to attend in person or online](#). No programmatic changes are anticipated from FY22 to FY23.

FRC and JDTC: [No significant program changes have been made during FY22](#). Efforts have continued to be made in Family Recovery Court to implement best practices from a previous collaboration with the Office of Juvenile Justice and Delinquency Prevention and Children and Family Futures to improve outcomes for children and families. [No programmatic changes are anticipated from FY22 to FY23](#).

16) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:	\$958,941	Form B - FY22 Amount Budgeted:	2,196,939
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Describe screening to identify criminal risk factors.

Criminogenic Screening and Assessment Tools

In Salt Lake County, services are provided through a network of public and private providers within the community. The criminogenic screening and assessment tool utilized by these programs may be varied. The Intensive Supervision Probation Program for example employs the LS/CMI with each program participant, while the University of Utah Assessment and Referral Services utilizes the RANT. Unfortunately, even though Salt Lake County Criminal Justice Services and Adult Probation and Parole complete the LS/CMI with participants, the full results are not shared with providers within our system (based on proprietary concerns) requiring duplication within the network.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

DBHS Alternatives to Incarceration Program Initiatives

Project RIO (Right Person In/Right Person Out) began in 2006 when the Salt Lake County Criminal Justice and Mental Health Systems concurred with Munetz and Griffin, that in the ideal case, persons with mental illness would have the same rate of contact with the criminal justice system as does any other person. Systemic improvements were implemented that involved all five of the “sequential intercepts” in which persons with behavioral health conditions contact the criminal justice system, with the goal of diverting persons who have mental illness or substance use disorders and who are non-dangerous offenders from inappropriate incarceration. These programs supported an already active CIT program and Mental Health Court, and were the product of a rich collaboration of numerous agencies. Below please find an array of federal, state, and county funded programs that exist today. Programs supported in varying degrees by JRI funds have a **red*** next to them and more detailed program descriptions. The budget listed applies to JRI programming only. JRI programs serve individuals with both mental health and substance use disorders. Budgets for these programs are separated appropriately between the MH and SUD Area Plans.

Sequential Intercept #1 - Law Enforcement & Emergency Services

- **Crisis Line & Warm Line** - The [HMHI Crisis Line](#), [in affiliation with the National Suicide Prevention Lifeline](#), is in operation 24/7, 365 days of the year, acts as the front door to the [HMHI Crisis System](#), and is staffed by experienced [certified crisis workers](#). [The Crisis Line team coordinates Mobile Crisis Outreach Teams as needed](#). The Warm Line is a peer-run phone line staffed by individuals in recovery. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction.
- **Mobile Crisis Outreach Teams (MCOT)** - HMHI interdisciplinary teams of mental health professionals ([a licensed mental health practitioner and peer support specialist](#)) who provide face-to-face crisis resolution services for individuals in Salt Lake County who are experiencing or at-risk of a mental health crisis, and who require mental health intervention. MCOT staff often provide law enforcement with alternatives to incarceration or hospitalization when responding to patients in crisis, allowing the individual to remain in the least restrictive setting. These teams serve both adults and youth, 24/7 throughout the county.
- **Receiving Center (RC)** - An HMHI short stay facility (up to 23 hours) designed as an additional point of entry into the Salt Lake County crisis response system for assessment and appropriate treatment of adult individuals experiencing a behavioral health crisis. [Clients may receive assessments, medications and other support](#). It may be used by law enforcement officers, EMS personnel and others as a receiving facility for individuals who are brought there voluntarily or on an involuntary hold. The RC is an innovative program that provides a secure crisis center featuring the “Living Room” model, which includes peer support staff as well as

clinical staff. The goal of the center is to reduce unnecessary or inappropriate utilizations of ER visits, inpatient admissions, or incarceration by providing a safe, supportive and welcoming environment that treats each person as a “guest” while providing the critical time people need to work through their crisis.

Although progressive for its time upon opening in 2012, the Receiving Center is currently underutilized by law enforcement and emergency services due to a combination of issues. Physical set-up of the current space and gaps in funding for robust medical care have led the majority of law enforcement cases to be sent through emergency rooms for medical clearance which is a significant barrier to utilization. The geographical location is also not central to the jurisdictions most in need of the service, taking law enforcement serving those areas off the streets for longer than is practical. Care in this setting has been impacted in 2021 and 2022 due to the COVID-19 pandemic due to the living room model, which presents significant challenges to communal care without risk of community outbreak. This led to some delays in acceptance and periodic reduction in bed capacity.

DBHS was awarded funding for a new non-refusal receiving center, and thanks to additional partners and funding, a groundbreaking occurred in May 2021. This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis from a central, accessible location in South Salt Lake. The new Receiving Center (RC) has been designed and funded to operate as a true non-refusal facility that will accept any and all individuals including community walk-ins, secure drop-offs from police, fire & EMS, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

- **Volunteers of America Detox Centers ***

These programs partner with multiple law enforcement agencies to offer individuals who have been picked up for public intoxication an alternative to jail and a safe environment focused on recovery. Officers can call for bed availability, van pick-up hours and availability. To meet the criteria for the Jail Diversion Program, clients must be intoxicated, non-combative, medically stable and willing to go to the detox center.

DBHS contracts to provide social detoxification services in multiple sites within the county. These sites are:

Volunteers of America Men's Adult Detoxification Center: This social model residential detoxification and withdrawal management program provides 83 beds for men 18 and older in need of detoxification & withdrawal management services. This program provides a safe and trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at this facility for up to 14 days (this has been extended to 30 days due to the pandemic). While in residence, clients can receive access to medication-assisted treatment (MAT) through community partnerships. They will also be provided 3 meals per day and snacks, case management and peer support services. Qualifying clients who are interested in treatment for substance use disorders can often transfer directly to treatment and/or receive a full ASAM-driven biopsychosocial assessment and referral to an appropriate treatment program.

Throughout the stay, clients will have access to case management services. These services

include linking clients to essential behavioral health treatment, enrollment in Medicaid, referral to primary care, assistance with legal issues, and connection to peer support and community recovery meetings. This facility is located at 252 W. Brooklyn Ave. Salt Lake City, UT, 84101.

Volunteers of America Center for Women and Children: This social model residential detoxification and withdrawal management program provides 32 beds for homeless and low-income women, 18 years and older, in need of detoxification and withdrawal management services. This program provides a safe and trauma-informed environment wherein clients can receive help managing intoxication and withdrawal symptoms and decide the next steps in their recovery journey. Clients may stay at this facility for up to 14 days (this has been extended to 30 days due to the pandemic). In addition, women may bring their children age 10 and under into the program. This mitigates a barrier many women face when they do not have safe alternative childcare. While in residence, clients [can receive access to medication-assisted treatment \(MAT\) through community partnerships. They will also be provided 3 meals per day and snacks, case management and peer support services.](#) Qualifying clients who are interested in treatment for substance use disorders [can often transfer directly to treatment and/or](#) receive a full ASAM-driven biopsychosocial assessment and referral to an appropriate treatment program.

Throughout the stay, clients will have access to case management services. These services include linking clients to essential behavioral health treatment, enrollment in Medicaid, referral to primary care, assistance with legal issues, and connection to peer support and community recovery meetings. In addition, clients have access to an outdoor area and onsite garden. It is located at 697 W 4170 S, Murray, UT, 84123.

- **Unified Police Department (UPD) Mental Health Unit (MHU) ***

Supported with JRI funding, a licensed mental health therapist is housed within the UPD offices, co-responds with law enforcement to mental health crises within the community, and provides individualized follow-up. The UPD Mental Health Unit serves the cities of Kearns, Magna, Holladay, Millcreek, Midvale, Canyons, Copperton, [Cottonwood Heights, Draper, Sandy, Murray, South Salt Lake](#), Brighton and White City, and also provides additional assistance to other law enforcement agencies throughout the county upon request to: Salt Lake City, UTA, Bluffdale, South Jordan, West Jordan, Herriman and West Valley City.

The objectives of the Mental Health Unit are to:

- Assist with the de-escalation of volatile situations, reducing the potential for violence during police contacts
- Provide mental health consumers and their families with linkages to services and supports
- Serve consumers in the least restrictive setting, diverting from jail and hospitalization as appropriate
- Reduce repeated law enforcement responses to the same location, and
- Free up patrol officers to respond to other calls.

[The Mental Health Unit is a partnership of law enforcement agencies in Salt Lake County. Currently there are 12 MHU officers and one mental health therapist that respond to calls throughout the county.](#)

This effort enjoys a commitment to problem solving and a fruitful collaboration between law enforcement, DBHS, HMHI, and the greater community of Salt Lake County.

- **Utah Department of Public Safety Mental Health and Substance Use Disorder Evaluation**

Triage Team (METT)

DBHS began funding a mental health therapist during Operation Rio Grande, for the Utah Highway Patrol, as they worked with the homeless and behavioral health population in the Rio Grande area. These officers no longer serve in this area, but seeing the value of pairing law enforcement with mental health resources, wished to continue this model, and expand it statewide.

With no funding to do so, DBHS offered to fund this position as a bridge to the statewide expansion, through FY22. JRI dollars were utilized for this position.

DBHS will no longer be funding this program in FY23.

Sequential Intercept #2 – Jail

- **Jail Behavioral Health Services** - Mental health and substance use disorder (SUD) services are provided to inmates of the SLCo Jail. More detailed program descriptions may be found in the incarcerated individuals section above.

Mental Health services are funded through a direct appropriation from the County Council to the SLCo Sheriff's Office. In addition to providing mental health services and medication management, the Sheriff's Office provides discharge planners that collaborate with community mental health treatment providers and social workers at the Legal Defenders Association to coordinate continuity of medications and treatment for severely mentally ill (SMI) individuals. The Salt Lake County Jail has two dedicated units that can address more severe mental health needs – a 17-bed unit for individuals who have been identified as high risk for suicide and a 48-bed unit for individuals with a mental health diagnosis that would benefit from not being with the general population. In addition to these, the jail team provides group therapy and crisis services for individuals in the general population.

DBHS funds the SUD services in the jail, including:

The CATS Program (contracted through Odyssey House) - an addictions treatment therapeutic community, based on an [intensive outpatient](#) level of care (9 - 19 hours per week of treatment services with additional services included based on the therapeutic community model). The program is operated within both the ADC and Oxbow Jails. The capacity for males is 152 beds (Oxbow) and 32 beds for females (ADC) based on an average length of stay of 3 months. [The CATS program is also a direct referring partner for the Vivitrol Program and county housing programming.](#)

Currently, CATS includes a psycho-educational component (Prime for Life) for up to 1,500 inmates, plus a fuller continuum of treatment services with the inclusion of interim group services called Drug Offender Group Services (DOGS). The CATS, DOGS [and Prime for Life](#) programs are contracted through Odyssey House.

Jail Medication-Assisted Treatment Program - Qualifying program participants with opioid [or alcohol](#) use disorders have access to medication-assisted treatment, substance use disorder behavioral therapies, and coordinated referrals to community treatment services upon release. MAT program medications may include Methadone, Buprenorphine or Naltrexone. The MAT program provides a whole-patient approach to the treatment of substance use disorders and is clinically-driven with a focus on individualized patient care. Services are provided through the jail's health services staff and through a contract with Project Reality. Naloxone kits are provided to qualifying participants upon release.

- **Community Response Team (CRT) *** - This Valley Behavioral Health (VBH) team works with severely mentally ill (SMI) clients who are currently in jail, recent releases and also clients in the community who may be diverted from jail. CRT staff visit inmates prior to release to develop an APIC (Assess, Plan, Identify and Coordinate) Plan, a pre-release relationship with the inmate, assure medication continuity upon release, pre-determine eligibility for benefits and assist with transportation from the jail.

Sequential Intercept #3 – Courts

- **Mental Health Courts** - Mental Health Court is a collaboration between criminal justice and mental health agencies in Salt Lake County. The Mental Health Court provides case management, treatment services, and community supervision for the purpose of improving the mental health and well-being of participants, protecting public safety, reducing recidivism, and improving access to mental health resources. Every participant who is accepted into MHC has completed a criminogenic risk assessment which providers have access to and can use as a means of targeting client specific areas of risk. Providers provide interventions at the individual, group and case management level to target areas of risk as well. DBHS funds coordination of care, treatment services and housing programs for this population.
- **Family Recovery Court** - The mission of the Family Recovery Court is to treat individuals with substance use disorders through an intense and concentrated program to preserve families and protect children. This is achieved through court-based collaboration and an integrated service delivery system for the parents of children who have come to the attention of the court on matters of abuse and neglect. A drug court team, including the Judge, Guardian Ad Litem, Assistant Attorney General, parent defense counsel, DCFS drug court specialist, [HMHI Assessment and Referral specialist](#), [case managers](#), and the court's drug court coordinator, collaborate to monitor compliance with treatment and court-ordered requirements. DBHS funds services and care coordination for this population.
- **Drug Court** - The establishment of drug courts in the State of Utah is part of an ongoing effort to increase public safety by supporting recovery. Judges observed the same offenders appear in their courts time and time again, and it became evident traditional methods of working with individuals with a substance use disorder, such as strict probation or mandatory imprisonment, did not address the fundamental problem of addiction. Drug Court teams work through a close collaboration between the court system, supervising agencies and treatment providers. The Operation Rio Grande Drug Court is the most recent addition to this line of service, and specializes in serving individuals arrested in the homeless area of downtown Salt Lake City. DBHS funds services and care coordination for this population.
- **Social Services Position Housed in the Legal Defenders Office** - this position, funded through DBHS, coordinates connecting individuals with severe mental illness involved in the criminal justice system to community treatment, Alternatives to Incarceration (ATI) Releases, referrals to Mental Health Court, etc. Additional social services positions are housed in the legal defenders office, offering invaluable assistance in connecting large numbers of clients to treatment.

Sequential Intercept #4 – Reentry

- **Top Ten** - Once a month, DBHS facilitates a group that meets with staff frequently booked individuals with severe mental illness. Partners include the Legal Defender's Association (LDA), Valley Behavioral Health, HMHI Crisis Programs, Jail Mental Health, DBHS, Optum, The Road Home, Volunteers of America, the SLC PD Community Connections Center, 4th Street Clinic, [Criminal Justice Services](#), [Division of Services for People with Disabilities](#), and [Odyssey](#)

House. Team goals are to:

- Ensure jail mental health is aware of an individual's diagnosis and medications prescribed in the community prior to arrest, and vice-versa, ensure community mental health programs are aware of an individual's diagnosis and medications prescribed in jail prior to release.
- Develop a pre-release relationship with the inmate prior to release whenever possible.
- Work to assertively engage the client in treatment upon release, address continuity of care/medications and transport if appropriate.
- Refer into appropriate programs (Mental Health Court, ACT Teams, dual-diagnosis residential programs, Jail Diversion Outreach Team, other outpatient services, housing, etc.).
- Communicate with the individual's attorney.
- Communicate with county supervising case managers, state AP&P officers or other private supervising agencies.
- Coordinate jail releases when appropriate.
- Support the client to resolve open court cases.
- Coordinate with medical providers when appropriate.
- Coordinate with other community providers (VA, private providers, etc.).
- Assist with housing, entitlements, and other needed supports.
- Address individuals as pre-contemplative rather than non-compliant when unable to engage them into services. That is, try, try again.

Top Ten has temporarily morphed into a "Top 20" group, in an effort to support the Salt Lake City Police Department with 20 high utilizers of services. Additional IT support was lent through the Salt Lake County Mayor's Office of Criminal Justice Initiatives, to provide real time information regarding bookings, charges, court cases, and other pertinent information.

- **Jail Diversion Outreach Team (JDOT)** - This VBH assertive community treatment "like" team is a multidisciplinary team that assists severely mentally ill individuals that are frequent recidivists in the county jail.
- **CORE (Co-occurring, Re-Entry & Empowerment) *** - VBH CORE 1 and CORE 2, offer services to adult male and female individuals suffering from co-occurring disorders including substance use disorders and serious mental illness. These 16-bed residential facilities are designed to provide wraparound services both on-site and in the community, integrating mental health and substance use disorder treatment and focusing on medium/high risk and medium/high need individuals with supportive housing attached upon discharge. These programs were implemented due to community requests and have demonstrated impressive outcomes over the years with the ultimate goal of successful reentry and a reduction in jail recidivism.

DBHS utilizes multiple funding streams, including JRI, for the VBH CORE 1 & 2 programs.

A 2020 report found a 78.6% reduction in criminal recidivism for CORE 1 (men) and a 92.5% reduction for CORE 2 (women), when comparing 3 years prior to 3 years post program admission.

JRI dollars also support housing for the CORE programs and Jail Diversion Outreach Team clients. DBHS contracts for these housing resources through Housing Connect, and are generally master leased units. Valley Behavioral Health provides mental health and substance use disorder services and in-home case management visits throughout the client's residency in these units.

- **Odyssey House Women's MH Residential Program *** - This 16-bed facility is a

dual-diagnosis residential facility for women, mirroring components of the CORE programs. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online in 2020.

- **Odyssey House Men's MH Residential Program** - This 16-bed facility is expected to open on April 27, 2022, and will be a dual-diagnosis residential facility for men, mirroring components of the CORE programs. Due to high demand from Mental Health Court and other stakeholders, this new program was brought online.
- **ATI Transport *** - This VBH program transports severely mentally ill inmates released from the jail at a specific time (avoiding nighttime releases) and transports them to a community-based treatment provider for assessment and services.
- **DORA** - A collaboration between Adult Probation and Parole, the court system and behavioral health service providers utilizing smarter sentencing guidelines for better treatment outcomes.
- **The 4th Street Clinic** - Collaborates with the jail and with the LDA Mental Health Liaison to assist homeless individuals with both physical and behavioral health services upon release from jail.
- **DWS Medicaid Eligibility Specialists** - DBHS funds a Medicaid Eligibility Specialist to assist with enrollment into Medicaid. [Outside of the pandemic, this is a mobile position](#), visiting various locations such as [the jail](#), court settings and Criminal Justice Services. [Another DWS Medicaid Eligibility Specialist](#) is embedded within the largest behavioral health provider.
- **Navigator and Certified Application Counselor Assistance** - DBHS providers, the jail, Criminal Justice Services and the Legal Defenders Association collaborate with navigators and certified application counselors to enroll individuals in Marketplace Plans, Medicaid and other health plan options. [Outside of the pandemic](#), these services are provided at many different locations, including court settings, the jail, provider locations, pretrial and probation settings. DBHS worked aggressively throughout the years to develop a coordinated response to enrollment efforts with the criminal justice and behavioral health populations.
- **Gap Funding** - DBHS provides gap funding to assist with medications and treatment for uninsured severely mentally ill individuals being released from jail.

Sequential Intercept #5 - Community

- **VOA & VBH Assertive Community Treatment (ACT) Teams & Odyssey House (OH) Forensic ACT Team** - Salt Lake County/Optum has contracted with VOA, VBH and OH to implement Assertive Community Treatment (ACT) Team service delivery models for Salt Lake County residents. The teams provide intensive home and community-based services. The ACT Teams offer a "hospital without walls" by a multidisciplinary team. The emphasis is to provide support to those who are high utilizers of services and to offer stabilization within the community. The programs are implemented to fidelity to the evidence-based model as outlined by SAMHSA. DBHS also funds housing for these programs. A large portion of these individuals are justice-involved.
- **Housing Programs *** – DBHS funds multiple housing first initiatives for individuals involved in the justice system. Some serve individuals with severe mental illness, while others are tailored towards supporting individuals with [primary SUD conditions](#). These programs are a combination of scattered units throughout the valley, boarding homes, rental assistance vouchers, sober living homes, and partnerships on tax credit housing projects where DBHS

funds Medicaid supportive living rates, rental subsidies, and even some capital expenses.

In addition to the above, there are many housing programs through other funding streams that DBHS partners with and in some cases funds in-kind behavioral health services for, to assist in meeting HUD funding requirements.

JRI funding is used for a portion of these housing programs.

- **Intensive Supervision Probation (ISP) Program *** - DBHS continues to partner with the Sheriff's Office and CJS on the ISP program. This program targets high-risk, [high-need \(SUD\)](#) individuals sentenced to county probation at CJS. Clients are evaluated using the LS/CMI risk tool, along with an ASAM assessment to determine appropriate level of supervision and care. They are supervised in the community by deputies from the Sheriff's Office and receive intensive case management services through CJS. DBHS continues to provide dedicated assessment staff [working in coordination with the deputies and case managers](#), as well as prioritized access to treatment services for the uninsured and underinsured populations. Through this model there has been an increase in the number of clients who present for an assessment and treatment, reductions in the wait times associated with accessing treatment, and lower attrition rates when compared to the overall system. Through the expansion and evolution of the program, Recovery Support Services (case managed at DBHS), access to evidence-based MAT (case managed at DBHS and offered through a network of providers), and peer-led recovery coaching (through a contract with USARA) were introduced to ISP. [Between 2015 and 2021](#), over 60% of all clients have been referred due to drug-related offenses and over 99% have struggled from moderate or greater SUD. Additionally, over 32% of all clients have identified opiates as a primary substance of abuse (26.9% of all males and 35.7% of all females).

In March 2016 this program was presented to the County Council and received unanimous support for an increase in ongoing county funds (\$2.3 million overall, \$790,000 for community treatment) to grow the program. County funds for this program are not included in this budget narrative. After successful implementation, ISP received several accolades for the innovative strategies employed to stop the revolving door of recidivism in Salt Lake County, including: the 2016 National Association of Counties (NACo) Achievement Award; was selected to present at the national 2016 American Probation and Parole Association Conference in Cleveland; the 2017 Salt Lake County Sheriff's Office Distinguished Unit award; and, was recognized by the Honorary Colonels of Salt Lake in 2018.

An additional \$1.4M was awarded to ISP in July 2017 from the Justice Reinvestment Committee (JRC funds cut in FY20). Leveraging these funds, ISP was able to fund a third licensed mental health therapist (has since reduced back to two, [and then back down to one based on pandemic shifts and demand](#)) to provide additional clinical assessments. The program also was able to expand treatment capacity, funding an active caseload of 280 clients, up from the original program capacity of 180 clients. By utilizing county funds, ISP was able to expand supervision and case management capacity as well (hiring 2 additional case managers and 3 Sheriff's Office deputies).

In a [2021](#) evaluation, 406 clients were admitted into the ISP program during a 12 month period (January 2020 – December 2020). Since the program's inception 320 individuals have graduated, and multiple successful outcomes documented: 75.4% of all clients referred into ISP have been assessed for treatment. Looking at a snapshot of the program in March of FY20, 73.1% of all open clients remain actively engaged in treatment. Graduates of the program enjoy a 34% reduction in risk scores. Successful clients saw an 86% reduction in new-charge bookings (comparing one year prior to one year post-program intake); revoked clients showed a

59.2% reduction; with the total population showing a 71.6% reduction.

FY20 was a time of transition for this program due to the elimination of JRC funding. While the number of uninsured and underinsured individuals post-Medicaid Expansion is unknown, it was our intention to maintain current levels of programming throughout this time by transitioning from JRC funding to Medicaid funding. Every effort was made to enroll participants into Medicaid. In addition to specialty enrollment efforts put in place during the Targeted Adult Medicaid (TAM) expansion, two large eligibility and enrollment trainings were held at the County Government Center. Approximately 213 individuals from 20 organizations across the county registered or walked into these trainings. The Utah Department of Health presented on the eligibility criteria, the Utah Department of Workforce Services presented on enrollment guidelines, and additional resources such as Take Care Utah were presented as options for clients as they transition from Medicaid into Marketplace Plans. DBHS requires providers to utilize Medicaid prior to accessing public dollars and audits to adherence to this process. It is important to keep in mind that DBHS will no longer be able to monitor data for this program in the same way, as the new Medicaid Expansion and Targeted Adult Medicaid dollars do not flow through this agency, and as such, will not have access to a complete data set.

During FY21, due in large part to TAM and the Adult Medicaid Expansion occurring over the prior two years, a large portion of treatment funds were no longer needed for this program. The participating treatment providers assisted with a seamless transition in funding source to Medicaid without service interruption to the clients. With the Medicaid expansions being open to other providers outside of the DBHS network, additional providers have begun to serve ISP clients as well. JRI funds continue however to play a large role in funding the correctional staff and other ancillary, non-Medicaid funded services such as UA testing, RSS services and recovery coaching through USARA.

- **Mental Health Court Housing** – beginning in FY22, mental health court housing units ([2 master leased units and 6 units at First Step House's Fisher House](#)) transferred from Salt Lake County Criminal Justice Services to DBHS.
- **Rep Payee Services** - a supportive service to individuals in need of assistance in managing their finances. Many individuals with severe and persistent mental illness, cycling through the criminal justice system, benefit from this type of service.
- **Supported Employment Programs** – multiple Salt Lake County network providers operate successful employment assistance programs for justice-involved populations.
- **USARA (Utah Support Advocates for Recovery Awareness)** - DBHS assists with funding for this program. This organization provides peer recovery support services, delivered by peer recovery coaches, a non-clinical support that brings the lived experience of recovery along with training and supervision to assist individuals in initiating and/or maintaining recovery. They also provide support groups for families and friends who are concerned about someone with a substance use disorder.

This program has targeted efforts for justice-involved populations such as the Intensive Supervision Probation Program, Family Recovery Court, and others.

- **Medication-Assisted Treatment Programs** - In recent years, DBHS utilized federal dollars to expand medication-assisted treatment access within the community. Salt Lake County had six out of the top ten hotspots identified within the state for opioid related emergency room visits and overdose deaths. In an effort to address these hotspots, capacity in the existing Project Reality location was increased, and two new clinics were opened in other areas of the county.

One of the new clinics is located in West Jordan, through Clinical Consultants, the other is located in Murray, through Project Reality. Federal grant dollars are utilized to maintain these clinics. [De Novo and Discovery House are in the process of becoming providers as well.](#)

- **Community Mental Health and SUD programs** - there are many other mental health or substance use disorder treatment programs, in all levels of care, that serve the criminal justice population. Medicaid expansion has enabled an unprecedented expansion of these services. As an example, ~170 SUD residential beds existed in 2016, [and currently exceeds 600](#), more than tripling capacity within the Salt Lake County network. Additional services have expanded outside this network as well. For further information, please reference the attachment entitled "The Evolving Landscape of Behavioral Health Services in Salt Lake County".

Strategies used with low and high risk offenders

All clients are screened for criminogenic risk using validated, JRI-recommended tools (either the LS/CMI, the LSI, or the RANT) depending on the agency. Based on capacity at each agency, and the ability to stratify residential and outpatient programs by risk, clients are separated into the most appropriate setting. For example, Odyssey House places all 'intense' and 'very high' risk clients at their Millcreek campus. All 'high' clients go to the Downtown facility. All moderate clients attend Lighthouse, and all 'moderate-low' clients attend the Meadowbrook facility. Because of the size of the programs at Odyssey House, they would not have low-risk clients in service with high-risk clients. For the outpatient side of services, OH places all lower risk clients in the weekend IOP/OP Expedition Program. Not as much flexibility exists for outpatient. Other agencies do not have as much flexibility because of the size of their programs and other financial constraints. First Step House for instance does not serve many, if any, low-risk clients. They do have some higher and intense risk programs that will serve only clients scoring in the 25+ range of the LS/CMI (REACH Program). Lower risk clients at FSH are typically referred to other programs for services, where they can receive differentiated services based on their lower risk scores. In our criminal justice programs (such as the ISP Program), many different EBPs are utilized to work with lower risk (all clients are at least a 20 on the LS/CMI) clients. These include EPICS (Effective Practices in Community Supervision), BITS (Brief Intervention Tools), Seeking Safety, and risk-based case planning based on the Risk, Needs, Responsivity (RNR) model.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

Although progressive for its time in 2012, the Receiving Center (RC), is currently underutilized by law enforcement and emergency services. Though it is set up to receive referrals from law enforcement, these referrals have decreased over the years due to the requirement that clients routinely need to go to the emergency room first to be cleared medically. Though that was not a requirement when the existing Receiving Center initially began, this became a necessity due to a combination of medical liability concerns, physical setup of the receiving center space, and inability to fund the correct staffing model to operate as a "no wrong door" facility. This, plus the location of the facility, is a discouragement to law enforcement since it takes them off the streets for extended periods of time.

Our goal is to open a new centrally located, non-refusal Receiving Center. DBHS was awarded funding for a new non-refusal receiving Center, SLCo transferred the property, and thanks to HMHI and additional partners and funding, a groundbreaking [occurred in May, 2021](#). This program will serve Salt Lake County community members who are in psychiatric or substance use-related crisis; however, the new Receiving Center will accept any and all individuals including walk-ins, secure drop-offs, and referrals for assessment. As a non-refusal RC for police, firefighters, and EMS, many of these individuals will be low-level offenders cycling through the county jail, whose crimes are secondary to

untreated or undertreated mental illness or substance use disorders. Others may be frequent patients in emergency departments throughout the Salt Lake Valley. These individuals will benefit from medical and psychiatric triage, clinical assessment, peer support, discharge planning, connection to community resources and partners, and referral to treatment programs such as inpatient care, medical care, and detox.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

DBHS recognizes Justice Reinvestment Initiative (JRI) Programming as a countywide initiative affecting multiple stakeholders including law enforcement, the county jail, courts, criminal justice services, legal defender's office and district attorney's office. As a result when implementing a JRI strategy DBHS was committed to broad support of county stakeholders, including approval from the following Criminal Justice Advisory Council stakeholders prior to implementing programming with JRI community based treatment funding:

Mayor Jenny Wilson	Salt Lake County Mayor
Sheriff Rosie Rivera	Salt Lake County Sheriff's Office
Hon. Brendan McCullaugh	Judge, West Valley City Justice Court
Jojo Liu	CJAC Coordinator
Honorable John Baxter	Judge, Salt Lake City Justice Court
Jim Bradley	Salt Lake County Council
Mike Brown	Chief of Police, Salt Lake City Police Department
Dave Alvord	Salt Lake County Council
Jack Carruth	Chief of Police, South Salt Lake City
Karen Crompton	Director, Salt Lake County Human Services
Sim Gill	District Attorney, Salt Lake County
Ken Wallentine	Chief, West Jordan Police Department, LEADS Chair
Kele Griffone	Director, Criminal Justice Services
Representative Jim Dunnigan	Utah House of Representatives
Senator Karen Mayne	Utah State Senate
Matt Dumont	Chief, Salt Lake County Sheriff's Office
Rich Mauro	Executive Director, Salt Lake Legal Defenders Association
Peyton Smith	Third District Court Administrator's Office
Jim Peters	State Justice Court Administrator
Honorable Mark Kouris	Presiding Judge, Third District Court
Jeff Silvestrini	Mayor, Millcreek City
Tim Whalen	Director, Salt Lake County Behavioral Health Services
Catie Cartisano	Individual with Lived Experience in the Criminal Justice
System	
Pamela Vickrey	Utah Juvenile Defender Attorneys, Executive Director
Scott Fisher	Salt Lake City Municipal Prosecutor
Luna Banuri	Chair, SL County Council on Diversity Affairs, Subcommittee on Criminal Justice & Law Enforcement

Additional stakeholders that participated in implementing these programs included: The University of Utah Assessment and Referral Services, Odyssey House, First Step House, Valley Behavioral Health, Clinical Consultants, Project Reality, Volunteers of America, House of Hope, the University of Utah Neuropsychiatric Institute and the Salt Lake City Police Department Social Work Program.

DBHS is a member of the Criminal Justice Advisory Council, where ongoing systemic needs are

addressed monthly, coordinated and planned for. One example is the new Receiving Center. This item is [periodically addressed on the agenda](#) to provide updates and receive feedback from stakeholders.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Examples of services to these populations include:

Volunteers of America, Utah's Treatment Services Division (Cornerstone Counseling Center/Family Counseling Center - VOA/CCC/FCC) - has several programs to assist children and youth who are justice-involved with local DCFS, DJJS, Juvenile Courts, etc. Both CCC and FCC provide direct mental health services based on the client-centered biopsychosocial assessment. Services are provided by Licensed Mental Health Therapists as well as therapists working towards full licensure and Advanced Practice Registered Nurses (APRNs). Medication management services are provided for youth aged 16 years and older. Other available services include individual therapy (including play therapy) for children four years and older, group therapy as indicated by current census, and family therapy. Additionally, CCC provides Parent Child Interaction Therapy (PCIT) for children aged two and a half up to seven years old.

Odyssey House - Their adolescent continuum serves JJS and DCFS youth and works closely with JJS and DCFS workers to coordinate care. Their school-based behavioral health services work with JJS and DCFS youth K-12 schools in every district in the county. Finally, their Parents with Children Program works with DCFS custody youth to re-unify them with their parents while concurrently providing mental health and developmental services.

In addition, they were awarded a contract with JJS to open an afterschool IOP for JJS youth in their Taylorsville outpatient location.

Salt Lake County Division of Youth Services-Juvenile Receiving Center (JRC) - This program offers screening, evaluation and referral services to youth, families and law enforcement 24/7. Services are for youth ages 8 to 17 who need a crisis timeout, are runaway, homeless, ungovernable youth or youth who have committed minor offenses. Youth may come to the facility on their own, with parents or police may bring in youth who have committed a status offense or delinquent act that does not meet Detention Admission Guidelines. This may include, but not limited to, running away from home, truancy, substance misuse, curfew violation or acting beyond the control of the youth's parents. No appointment is needed to access the Juvenile Receiving Center services including individual or family crisis counseling. Serving two locations: Salt Lake and West Jordan.

Provide data and outcomes used to evaluate Justice Services.

DBHS has developed multiple outcome measures that vary from program to program. Please reference [the attached compilation of reporting metrics and](#) sections in the justice services narrative for some examples. [Data DBHS has collected in the past](#) include hospital diversion rates, treatment engagement, graduation rates, reductions in Risk Scores, positive drug testing rates, number of bed nights funded for individuals in permanent supportive housing, changes in census in co-occurring residential programs, changes in ACT Team census numbers and NOMS data such as employment, housing and "frequency of use" changes. New outcome measures for ACT teams [were developed in FY22 and are being monitored this year to establish baselines efficacy targets](#). DBHS [has](#) also tracked reductions in jail recidivism for certain cohorts [through](#) a data sharing agreement with the Salt Lake

County Jail.

Although Medicaid expansion has been a huge benefit to the behavioral health population we serve, it is important to understand that since November 2017 (the implementation of TAM), April 2019 (the Medicaid Expansion to 100% FPL), and finally January 2020 (expanding up to 138% FPL), DBHS lost the ability to track many of the metrics above for a large portion of these programs.

Significant anomalies may occur in data and outcome metrics for FY21 and FY22 due to COVID responses both within the treatment system and within our county jail. [Please reference the Behavioral Health Landscape Paper in the attachments for additional information.](#)

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See Form A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports

including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.